



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

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AUTO SAFETY HOTLINE
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DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract DTNH22-94-D-27058
Case DSI-94-SP-007

1994

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-94-D-27058
CASE NUMBER: Case DSI-94-SP-007

Vehicle 1, a 1990 Nissan 300 ZX three-door, was being driven southwest on a two-lane, undivided, asphalt paved, urban roadway during the late night hours of a winter weekday 94) by the 24 year old male driver who was restrained by the available automatic, three-point, non-motorized lap/shoulder safety restraints.

Vehicle 1 was traveling at a speed of 146 KPH (91 MPH) as it departed a left turning curve with a radius of 173.5 m (569 ft) and a calculated critical speed of 128 KPH (80 MPH). The driver lost control, the vehicle began a right side leading skid, ran off the roadway and impacted a 46 cm (18 in) diameter tree with the right front side plane. The CDC for this impact was 03RFEW2 with a PDOF of 90 degrees and a maximum crush of approximately 30.5 cm (12 in).

Vehicle 1 began a counterclockwise rotation and impacted a 91.4 cm (36 in) diameter tree with the right rear bumper corner. The CDC for this impact was 05RBEE2 with a PDOF of 150 degrees and a maximum crush of approximately 41 cm (16 in). As Vehicle 1 continued its counterclockwise rotation, the left front fender and door impacted a 61 cm (24 in) diameter tree and the vehicle came to final rest maintaining contact with the tree. At this impact, the driver was totally ejected from the left front door. The CDC for this impact was 09LYAW6 with a PDOF of 270 degrees and a maximum crush of approximately 104 cm (41 in). As a result of catastrophic damage, Delta V's could not be computed for the impacts in this crash.

The ejected driver of Vehicle 1 sustained major injuries consisting of fractures, partial amputations, lacerations, abrasions and contusions; maximum AIS=AIS-3. The driver was stabilized at the scene, then transported by air to a regional trauma center where he was admitted for treatment. Vehicle 1 was towed from the scene due to damage sustained in this crash.

The driver of Vehicle 1 had been drinking and alcohol is deemed to be a contributing factor to this crash.

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-94-SP-007

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ACCIDENT DATA:

Location:	
Area/Type:	Urban/Residential
Date/Time:	Late Winter/Night
Accident Type:	Car/Tree - ran off road

INJURY SEVERITY:

Vehicle 1:	Driver (case occupant), AIS-3
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AMBIENCE:

Viewing Conditions:	Night, roadway not illuminated
Cloud Cover:	Clear
Precipitation:	None
Temperature:	2° to 4° C (35° to 40° F)
Road Surface:	Dry

ROADWAY:

VEHICLE 1

Type:	2-lane, undivided
Width:	6.5 m (21.3 ft)
Traffic Density:	Light
Median:	None
Edge:	Formal grass, no shoulders
Surface:	Asphalt
Reported Defects:	None
Co-efficient of Friction (estimated):	.75
Vertical Alignment:	Negative 3% downgrade
Horizontal Alignment:	Left turning curve R = 173.5 m (569.3 ft)

Traffic Controls:

VEHICLE 1

Signals:

None

Signs:

Black arrow on yellow background, left turning curve warning sign. No speed advisory posted.

Speed Limit:

56 KPH (35 MPH)

Markings:

Single, solid white painted line at west edge of southbound travel lane. Double, solid, yellow painted lines separate southbound and northbound travel lanes. Single, solid white painted line at east edge of northbound travel lane.

VEHICLES:

VEHICLE 1

Description:	1990 Nissan 300 ZX 3-door
Odometer:	Speedometer missing
Engine:	V6 / 3.0 L Turbo
Vehicle Modifications:	None
Tire Condition:	All four tires - poor, less than 3/32 in, tread remained on each tire. Abnormal wear patterns on all four tires.
Manual Restraints:	None
Automatic Restraints:	3-point, non-motorized lap/shoulder restraints at the L/F and R/F seating positions.
Reported Defects:	None Known
Cargo:	None
Windshield Damage:	Windshield shattered and out of place from impact.
Fleet:	None
Tow Status:	Towed due to damage

VEHICLE DAMAGE:

	VEHICLE 1		
Object Struck:	Tree 45.7 cm (18 in) dia.	Tree 91.4 cm (36 in) dia.	Tree 61 cm (24 in) dia.
Event Number:	01	02	03
CDC:	03RFEW2	05RBEE2	09LYAW6
Maximum Crush:	30.5 cm (12 in)	40.6 cm (16 in)	104.1 cm (41 in)

VEHICLE VELOCITY ESTIMATES:

	VEHICLE 1		
Impact Speed (estimated):	113 to 121 KPH (70 to 75 MPH)	97 to 105 KPH (60 to 65 MPH)	80 to 88 KPH (50 to 55 MPH)
Total Delta V:	Catastrophic Damage		
Longitudinal Delta V:	Unable to compute Delta V's		
Lateral Delta V:			
Energy Dissipation:			

Calculations based upon:

Critical Speed, Curve: $S = 3.86 \times \sqrt{R \times (f \pm e)}$

$R = 173.5 \text{ m (569.3 ft)}$

$f = .75$

$e = 0$

Vehicle Velocity - not to a stop

$$V = \sqrt{VO^2 - 2 \times a \times D}$$

$VO = 133.4 \text{ fp/s}$

$a = 24.15$

COLLISION SEQUENCE:

Pre-Crash: This single vehicle crash occurred during the late night hours of a winter weekday on a two-lane, undivided, asphalt paved, urban/residential roadway in
The weather was clear, the roadway was dry and free of defects. It was dark and visibility was somewhat restricted due to the roadway not being illuminated; however, there were no weather-related viewing restrictions. Traffic volume was very light, and there is a posted 56 KPH (35 MPH) speed limit.

The 6.5 m (21.3 ft) roadway consists of a northeast bound travel lane edged on the east by a single, solid white painted line and is separated from the southwest bound travel lane by double, solid yellow painted lines. The southwest bound travel lane is edged on the west by a single, solid white painted line. The southbound travel lane has a -3 percent downgrade and an estimated coefficient of friction of .75. There are no shoulders at either edge of the roadway.

The southwest bound travel lane has a left turning curve with a radius of 173.5 m (569.3 ft), and the critical speed for this curve is computed to be 128.4 KPH (79.8). A black arrow on yellow background curve warning sign is posted approximately 46 m (150 ft) north of the curve entrance.

Vehicle 1, a 1990 Nissan 300 ZX three-door, was being driven southwest in the southwest bound travel lane by the 24 year old male driver who was restrained by the available automatic, non-motorized three-point, lap/shoulder safety restraints. The driver of Vehicle 1 (the case occupant) had been drinking, and approximately two hours post-crash had a BAC of .05. Alcohol is deemed to have been a contributing factor in this crash.

A northbound Police Officer was operating a moving radar unit in his police vehicle approximately 804.7 m (2640 ft) south of the curve exit. As Vehicle 1 departed the curve, the officer obtained a radar reading of 146 KPH (91 MPH) for Vehicle 1.

At the curve exit, the back of Vehicle 1 began a yaw to the right, the driver lost control, and the vehicle continued the yaw to the right into a right side leading skid. The right front tire left 25.8 m (84.6 ft) of scuff marks to the east edge of the roadway where it departed the road surface. Vehicle 1 then left an additional 18.8 m (61.6 ft) of right front wheel scuff marks on the grass and dirt roadside. The right rear tire left 38.9 m (127.7 ft) of scuff marks to its point of departure from the roadway. Based on scene evidence, the driver of Vehicle 1 did not make any avoidance maneuvers.

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-94-SP-007

Crash: The right front side plane of Vehicle 1 impacted a 45.7 cm (18 in) diameter tree 18.8 m (61.6 ft) south of the point of roadway departure. The speed at this impact was estimated to have been between 113 and 121 KPH (70 and 75 MPH). The CDC for this impact was 03RFEW2 with a PDOF of 90 degrees and an estimated maximum crush depth of 30.5 cm (12 in).

Vehicle 1 then rotated approximately 120 degrees counterclockwise and the right rear bumper corner impacted a 91.4 cm (36 in) diameter tree, located 8.7 m (28.5 ft) south of POI # 1, at a speed estimated to have been between 97 and 105 KPH (60 and 65 MPH). The CDC for this impact was 05RBEE2 with a PDOF of 150 degrees and an estimated maximum crush depth of approximately 40.6 cm (16 in)*.

Vehicle 1 then rotated an additional 30 degrees counterclockwise and the left front fender and left front door impacted a 61 cm (24 in) diameter tree, located 4.9 m (16 ft) south of POI # 2, at a speed estimated to have been between 80 and 88 KPH (50 and 55 MPH). The CDC for this impact was 09LYAW6 with a PDOF of 270 degrees and an estimated maximum crush depth of 104.1 cm (41 in)*.

* NOTE: Based on the height of impacts 2 and 3 and other residual scene evidence, it appears that Vehicle 1 was airborne as it rotated from POI # 1 into impacts 2 and 3.

During impact # 3, the driver of Vehicle 1 was totally ejected through the left front door which was partially opened during the impact.

Due to the catastrophic nature of the collision damage sustained by Vehicle 1, accurate post-crash measurements could not be obtained. Consequently, Delta V's could not be computed for the three impacts.

Post-Crash: Vehicle 1 maintained contact with the 61 cm (24 in) tree and came to final rest at POI # 3. The ejected driver of Vehicle 1 (the case occupant) was found approximately 1.1 m (3.5 ft) south and .6 m (2 ft) west of Vehicle 1's FRP. The driver's head was toward the north and his feet to the south.

At impact # 3, the engine and transmission were ejected from Vehicle 1 and the engine continued in a southerly direction and came to final rest 129.2 m (423.9 ft) south and 18.9 m (62 ft) west of Vehicle 1's FRP. The transmission came to final rest 123.9 m (406.4 ft) south and 15.2 cm (6 in) east of Vehicle 1's FRP.

The right and left front fenders, hood, engine parts, radiator, both T-tops, front suspension and steering wheel were also detached and were reportedly scattered

over a wide area south of the FRP of Vehicle 1, but their exact resting points could not be determined.

Driver Kinematics:

The 24 year old male driver of Vehicle 1 (the case occupant) was seated in a folding back bucket seat in a normal, upright seated position. The driver was 180 cm (71 in) in height and weighed 86.4 kg (191 lb). The driver's seat appeared to have been adjusted at, or near, the rearmost position, but this could not be verified due to the catastrophic nature of the left front interior intrusions. The driver was wearing the available automatic, non-motorized, 3-point lap/shoulder safety restraints in a normal and proper manner.

Based on the driver's limited recollections and the residual scene evidence, just prior to the initial impact, the driver's right foot was on the accelerator and his left foot was braced on the floor/toe pan. Both of the driver's hands were on the steering wheel rim, but their exact positions are unknown (most likely they were at or above the 3:00 and 9:00 o'clock positions). The driver was braced with both the right and left arms locked at the wrists and elbows, and his back braced well into the bucket seat back support.

At the initial impact, the driver was first projected forward and to the right loading the shoulder and lap restraints. His right tibial plateau was fractured as his knee impacted the upper portion of the center console, and his right thigh impacted the console mounted gear shift lever, resulting in a transverse fracture of the right femur. As Vehicle 1 began its counterclockwise rotation, the driver was projected farther to the right which caused him to increase the lap/shoulder restraint loading which resulted in the fracture of his left clavicle.

During the second impact, the driver was projected to the rear as the counterclockwise rotation continued, the lap/shoulder restraints slackened as the vehicle moved toward impact #3.

At impact # 3, the driver of Vehicle 1 appears to have still been braced with locked arms, and his back was well into the front seat back rest. At impact, the driver was projected into the door panel resulting in a left lung contusion and fractured left humerus.

During impact # 3, the forward portion of the left front door, the left "A" pillar, left sill and floor, left instrument panel and the rear portion of the left front fender, intruded into Vehicle 1 and the left and right "T-tops" were projected away from the vehicle. As the front portion of the door intruded, the rear portion

was forced outward and upward and the door separated from the "B" pillar. This door movement carried the door anchored automatic lap/shoulder restraints upward and away from the driver's body. As the sill/floor, "A" pillar and instrument panel intruded, the driver's left and right lower legs and feet were projected to the right and upward, and they were momentarily entrapped between the floor/toe pan, left instrument panel and the center console. This entrapment resulted in open fractures of the left and right tibia and open fractures of the left and right fibulas.

As the intrusion continued, and just prior to maximum intrusion, the driver's momentum to his left appears to have freed his lower extremities, resulting in the partial amputation of his lower left and right legs. With the lap/shoulder restraints pulled away from his body by the partially open left front door, the driver was totally ejected from the vehicle. As he was passing through the open front door, his left elbow and left flank struck the left front door arm rest resulting in lacerations to both areas.

Upon ejection, the driver was thrown approximately .6 m to .9 m (2 ft to 3 ft) south of the tree involved in POI # 3 coming to final rest approximately 1.2 m (4 ft) east of the roadway edge with his head to the north.

Airbag System:

Vehicle 1 was not equipped with a supplemental restraint system.

Scene Clearance:

The driver of Vehicle 1 sustained major injuries consisting of fractures, partial amputations, lacerations, abrasions and contusions; maximum AIS=AIS-3. Because of the driver's ejection, no extrication procedures were required. The driver was stabilized at his final rest position and was then transported by air to a regional trauma center where he was admitted for treatment.

Vehicle 1 sustained catastrophic damage in this crash and was towed from the scene.

Safety Standards:

There were no violations of Federal Motor Vehicle Safety Standards found during the on-site inspection of Vehicle 1.

DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

DRIVER

Age/Sex:	24 year old/Male
Seated Position:	Left Front
Seat Type:	Bucket with folding back
Height:	180 cm (71 in)
Weight:	86.4 Kg (191 lb)
Occupation:	Pharmacist
Pre-existing Medical Condition:	None known
Alcohol/Drug Involvement:	Blood/Alcohol = .05
Driving Experience:	9 years
Body Posture:	Normal, upright seated position
Hand Position:	Both hands on steering wheel rim, positions unknown
Foot Position:	Right foot on accelerator, left foot on floor/toe pan
Restraint Usage:	Three-point, non-motorized, automatic lap/shoulder restraints.
Additional Occupants:	None

INJURIES:

VEHICLE 1

	<u>INJURY</u>	<u>OIC CODE</u>	<u>ICD-9</u>	<u>SOURCE</u>
DRIVER:	Fracture, R. Femur shaft	2851814.3,1571106	821.01	Center console
	Fracture, Open, R. Tibia	2853408.3,1561103	823.32	Floor/Toe pan
	Amputation, Partial, R. leg below knee	2811002.3,1561103	897.1	Floor/Toe pan
	Fracture, Open, L. Tibia	2853408.3,2561103	823.32	Floor/Toe pan
	Amputation, Partial L. leg below knee	2811002.3,2561103	897.1	Floor/Toe pan
	Contusion, w/collapse L. Lung	2441402.3,2201100	861.21	L. front door, interior surface
	Fracture, R. Tibial plateau	2853406.2,1571106	823.00	Center console
	Fracture, open, R. Fibula	2851610.2,1561103	823.32	Floor/Toe pan
	Fracture, open, L. Fibula	2851610.2,2561103	823.32	Floor/Toe pan
	Fracture, L. Clavicle	2752200.2,2411100	810.00	Shoulder restraint
	Fracture, L. Humerus	2752602.2,2201100	812.21	L. front door, interior surface
	Laceration, L. Elbow	2790602.1,2211100	881.01	L. front door, arm rest
	Laceration, L. Flank	2690602.1,2211100	879.4	L. front door, arm rest

Abbreviations Used In Scene And Photographic Documentation

ft	Feet
in	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
COE	Cab Over Engine
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound

DYNAMIC SCIENCE
DSI-94-SP-007
1 cm = 2.4 m
1" = 20'

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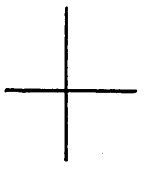
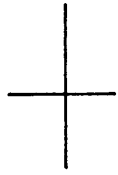


V1 = 1990 Nissan 300 ZX

Reference Line

Reference Point

3m 2.9m 2.8m .5m
(1') (9.4') (9.3') (1.6')




Reference Point

DYNAMIC SCIENCE
DSI-94-SP-007
1 cm = 2.4 m
1" = 20'


Page 2 of 2



 = Driver, Vehicle 1

V1 = 1990 Nissan 300ZX

Reference Line


.3m 2.9m 2.8m .5m
(1') (9.4') (9.3') (1.6')

Radius = 173.5m
(569.3 ft)

DYNAMIC SCIENCE
DSI-94-SP-007
1cm = 6m
1 in = 50 ft

Page 1 of 2



Driveway

Reference Line

Driveway

Reference Point

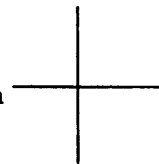
POI # 1 45.7 cm (18in) tree

POI # 2 - 91.4 cm (36 in) tree

Driveway

POI # 3 - & FRP 61 cm (24in) tree

3.2m 3.3m
(10.4')(10.9')



Approx. location
of battery, V1

Approx. location hood

DYNAMIC SCIENCE
DSI-94-SP-007
1 cm = 6 m
1 in = 50 ft

Page 2 of 2

Engine/Transmission, Gouge 1

Eng/Trans Gouge 2

Eng/Trans Gouge 3



Eng/Trans Gouge 4

Eng/Trans Gouge 5 - Eng/trans separate

Eng/Trans Gouge 6

Engine Gouge 7

Engine scratch

Engine Gouge

FRP Engine

Engine impacts tree

3.2m 3.3m
(10.4')(10.9')

COLLISION MEASUREMENTS

Case Number DSI-94-SP-007

Reference Point: Utility pole, east side of roadway

Reference Line: East edge of roadway

DATA POINT	DISTANCE AND DIRECTION FROM REFERENCE POINT	DISTANCE AND DIRECTION FROM REFERENCE LINE
East edge of roadway	2.7 m (8.7') W	0
Single, white line, east edge northbound travel lane	0	.5 m (1.6') W
Double, yellow center line	0	3.3 m (10.9') W
Single, white line, west edge southbound travel lane	0	6.2 m (20.3') W
West edge of roadway	0	6.5 m (21.3') W
R/F tire scuff (on road)		
Start	12.9 m (42.4') N	3.5 m (11.5') W
End	12.9 m (42.4') S	0
R/F tire scuff (off road)		
Start	12.9 m (42.4') S	0
End	31.7 m (104') S	2.4 m (8') E
R/R tire scuff		
Start	8.2 m (27') N	4.7 m (15.3') W
End	30.7 m (100.7') S	0
POI # 1 45.7 cm (18 in) dia. tree	31.7 m (104') S	2.4 m (8') E
POI # 2 91.4 cm (36 in) dia. tree	40.4 m (132.5') S	3.6 (11.9') E
POI # 3 and FRP 61 cm (24 in) dia. tree	45.3 m (148.7') S	1.9 m (6.3') E
Gouge 1 - Engine and transmission	69.7 m (228.8') S	0
Gouge 2 - Engine and transmission	100.6 m (330') S	.4 m (1.3') W

DATA POINT	DISTANCE AND DIRECTION FROM REFERENCE POINT	DISTANCE AND DIRECTION FROM REFERENCE LINE
Gouge 3 - Engine and transmission	103.7 m (340.1') S	.4 m (1.2') W
Gouge 4 - Transmission	138.2 m (453.5') S	.6 m (2.1') W
Gouge 5 - Transmission	139.1 m (456.4') S	.7 m (2.3') W
Gouge 6 - Transmission	140.3 m (460.2') S	.7 m (2.4') W
Gouge 7 - Engine	153.2 m (502.5') S	5.0 m (16.4') W
Scratch - Engine	167.2 m (548.4') S	6.5 m (21.3') W
Engine/tree impact	173.9 m (570.4') S	9.2 m (30.2') W
Gouge 8 - Engine	174.0 m (570.9') S	13.7 m (44.8') W
FRP - Engine	174.5 m (572.6')	17 m (55.7 ') W
FRP - Transmission	169.2 m (555.1') S	2.1 m (6.8') E

PHOTO INDEX

Case No. DSI-94-SP-007

PHOTO #	VEHICLE NO.	ORIENTATION	SUBJECT MATTER
1	V1	NE	Approach path, Vehicle 1
2-10	V1	SW	Travel path, Vehicle 1 Photo 9 - R/F wheel leaves roadway
11-12	V1	SW	POI # 1
13	V1	SW	Travel path, Vehicle 1 from POI # 1
14-15	V1	SW	POI # 2
16	V1	SW	Travel path, Vehicle 1 and POI # 3
17-18	V1	SW	FRP, Vehicle 1 and ejected driver of Vehicle 1
19	V1	NE	Reverse travel path, POI # 3 to POI # 2
20	V1	NE	Reverse travel path, POI # 2 to POI # 1
21	V1	NE	Reverse travel path, from POI # 1
22	V1	NE	Reverse travel path, from FRP
23-29	Engine & Trans.	SW	Travel path of engine and transmission Photos 24 and 25 - Gouge 1 Photos 27 and 28 - Gouges 2 and 3
30	Engine & Trans.	SW	Gouges 4, 5 and 6 - engine and transmission separate
31-37	Engine	SW	Travel path, engine after separation Photos 31 and 32, unnumbered scratch Photo 34 - Gouge 7 and scratch Photos 35 and 36 - engine/tree impact Photo 37 - Gouge
38	Engine	W	FRP, Engine
39	Engine	NE	Reverse travel path, Engine
40	Transmission	SW	Travel path, Transmission after separation
41	Transmission	SW	FRP - Transmission
42	Transmission	NE	Reverse travel path, transmission

PHOTO #	VEHICLE NO.	ORIENTATION	SUBJECT MATTER
43-61	V1	CCW	Exterior views, Vehicle 1
62-64	V1	---	Engine views, Vehicle 1
65-69	V1	---	Left side interior components
70-74	V1	---	Right side interior components























































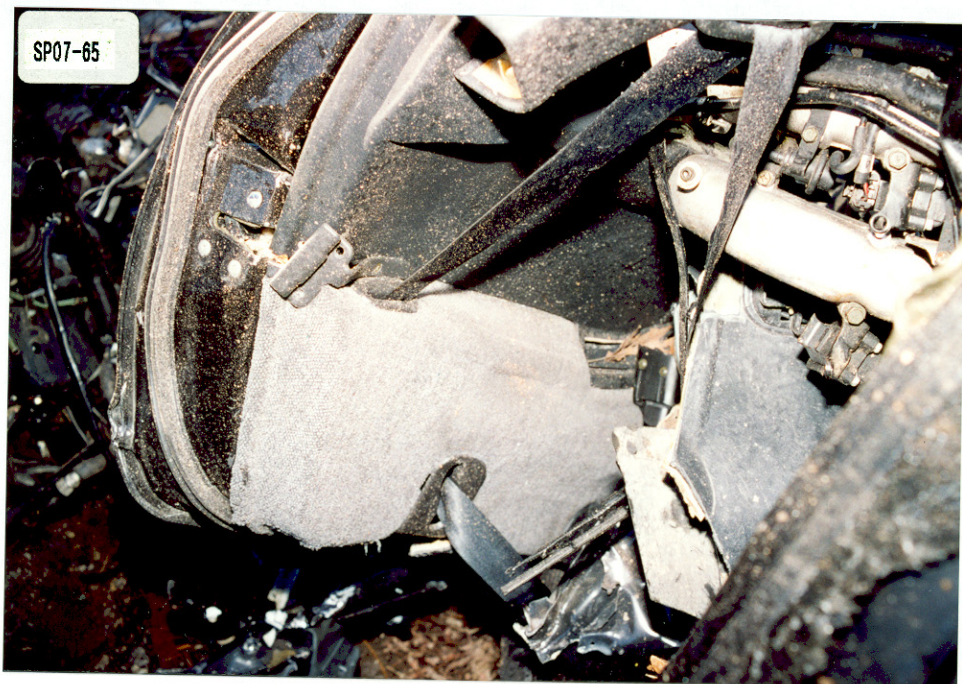


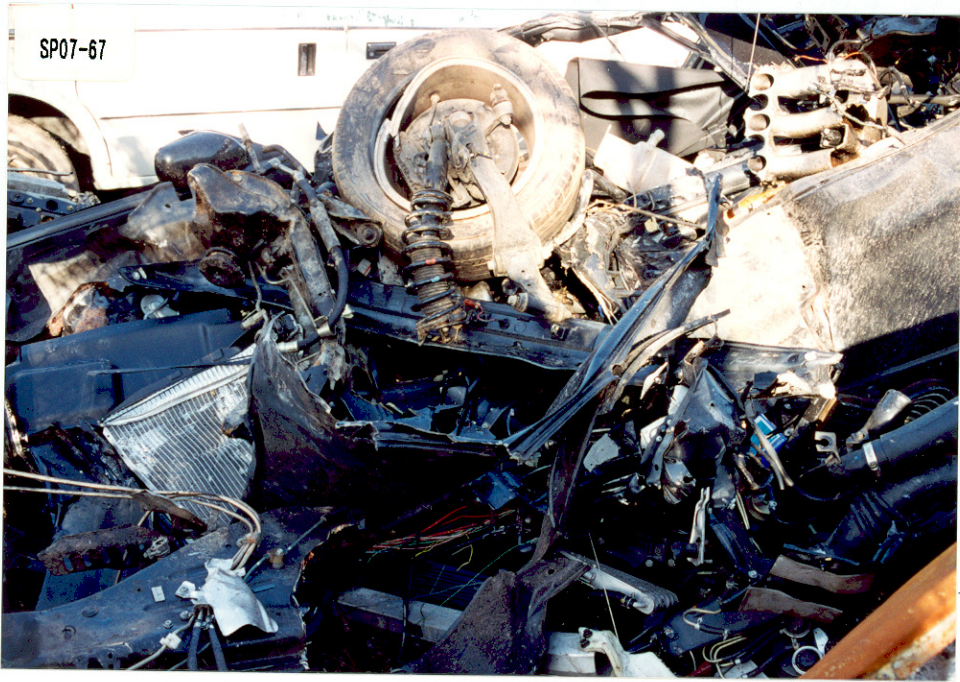


















SLIDE INDEX

Case No. DSI-94-SP-007

SLIDE #	VEHICLE NO.	ORIENTATION	SUBJECT MATTER
1	V1	NE	Approach path, Vehicle 1
2-8	V1	SW	Travel path, Vehicle 1 Slide 7 - R/F wheel departs roadway
9-10	V1	SW	POI # 1
11	V1	SW	Travel path, Vehicle 1
12	V1	SW	POI # 2
13	V1	SW	Travel path, Vehicle 1
14	V1	SW	POI # 3, FRP, Vehicle 1 and driver ejection point
15-16	V1	NE	Reverse travel path, Vehicle 1
17-23	Engine & Trans.	SW	Travel path and roadway gouges, engine and transmission
24-25	Engine & Trans.	SW	Engine and transmission disengage, travel path of engine
26-28	Engine	SW	Travel path, Engine
29	Engine	W	FRP, Engine
30	Engine	NE	Reverse travel path, Engine
31-32	Transmission	SW	Travel path and FRP, Transmission
33	Transmission	NE	Reverse travel path, transmission
34-65	V1	CCW	Exterior and interior views, Vehicle 1
66-68	V1	---	Engine views



DS9407 #1



DS9407 #2



DS9407 #3



DS9407 #4



DS9407 #5



DS9407 #6



DS9407 #7



DS9407 #8



DS9407 #9



DS9407 #10



DS9407 #11



DS9407 #12



DS9407 #13



DS9407 #14



DS9407 #15



DS9407 #16



DS9407 #17



DS9407 #18



DS9407 #19



DS9407 #20



DS9407 #21



DS9407 #22



DS9407 #23



DS9407 #24



DS9407 #25



DS9407 #26



DS9407 #27



DS9407 #28



DS9407 #29



DS9407 #30



DS9407 #31



DS9407 #32



DS9407 #33



DS9407 #34



DS8407 #35



DS9407 #36



DS9407 #37



DS9407 #38



DS9407 #39



DS9407 #40



DS9407 #41



DS9407 #42



DS9407 #43



DS9407 #44



DS9407 #45



DS9407 #46



DS9407 #47



DS9407 #4B



DS8407 #49



DS9407 #50



DS9407 #51



DS9407 #52



DS9407 #53



DS9407 #54



DS9407 #55



DS9407 #56



DS9407 #57



DS9407 #58



DS9407 #59



DS9407 #60



DS9407 #61



DS9407 #62



DS9407 #63



DS9407 #64



DS9407 #85



DS9407 #66



DS9407 #67



DS9407 #68



ACCIDENT FORM

<div style="border-bottom: 1px solid black; padding-bottom: 5px;">1. Primary Sampling Unit Number _____</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">2. Case Number - Stratum <u>DSC-94-SP-007</u></div> <div style="background-color: black; color: white; text-align: center; padding: 5px; font-weight: bold;">IDENTIFICATION</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">3. Number of General Vehicle Forms Submitted <u>01</u></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">4. Date of Accident (Month, Day, Year) <u>LATE WINTER / WEEKDAY / 9 4</u></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">5. Time of Accident <u>LATE NIGHT</u></div> <div style="padding: 5px;">Code reported military time of accident.</div> <div style="padding: 5px;">NOTE: Midnight = 2400 Unknown = 9999</div>				<div style="background-color: black; color: white; text-align: center; padding: 5px; font-weight: bold;">SPECIAL STUDIES - INDICATORS</div> <div style="padding: 5px;">Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">6. ____ SS15 Administrative Use _____</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">7. ____ SS16 Pedestrian Crash Data Study _____</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">8. ____ SS17 Impact Fires _____</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">9. ____ SS18 _____</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">10. ____ SS19 _____</div> <div style="background-color: black; color: white; text-align: center; padding: 5px; font-weight: bold;">NUMBER OF EVENTS</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">11. Number of Recorded Events in This Accident <u>03</u></div> <div style="padding: 5px;">Code the number of events which occurred in this accident.</div>			
ACCIDENT EVENTS							
For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.							
Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage	
12. <u>0 1</u>	13. <u>0 1</u>	14. <u>0 1</u>	15. <u>R</u>	16. <u>4 2</u>	17. <u>0 0</u>	18. <u>0</u>	
19. <u>0 2</u>	20. <u>0 1</u>	21. <u>0 1</u>	22. <u>R</u>	23. <u>4 2</u>	24. <u>0 0</u>	25. <u>0</u>	
26. <u>0 3</u>	27. <u>0 1</u>	28. <u>0 1</u>	29. <u>L</u>	30. <u>4 2</u>	31. <u>0 0</u>	32. <u>0</u>	
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____	
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____	
IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT							

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo
area (rear of trailer or
straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in
diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)
(specify):

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number
2. Case Number - Stratum DSI-94-3P-007
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 90
Code the last two digits of the model year
(99) Unknown
5. Vehicle Make (specify): 35
NISSAN
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): 034
300ZX
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type 03
Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number
J N I C Z 2 4 A X L X
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown
10. Police Reported Travel Speed 146
Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown
91 mph X 1.6093 = 146 kph

11. Police Reported Alcohol Presence 1
(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

Note: See variables 37 through 55
(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver 05
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: _____

ACCIDENT RELATED

13. Speed Limit 056
(000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown

35 mph X 1.6093 = 056 kph

14. Attempted Avoidance Maneuver 01
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):
(99) Unknown

15. Accident Type 07
Applicable codes may be found on the
back of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):
(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 0 1
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 0 1

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1 4 6 0
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
0 3 2 1 9 lbs X .4536 = 1 4 6 0 kgs
 Source: _____
20. Vehicle Cargo Weight 0 0 0 0
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 1
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 1
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify): _____
 (9) Unknown

24. Rollover 0
 (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify): _____

- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

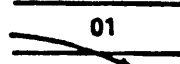
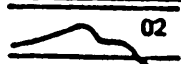
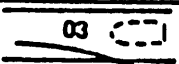



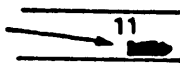

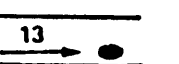
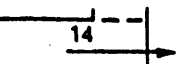

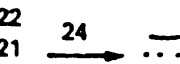
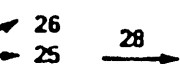
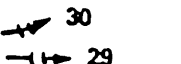
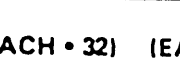

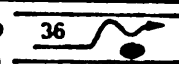
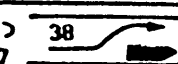
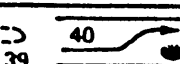
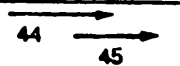
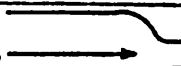
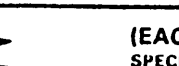
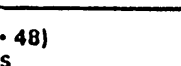
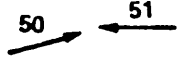



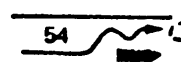
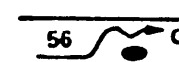
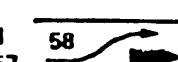
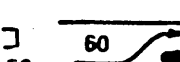
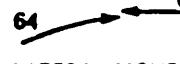


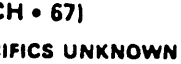




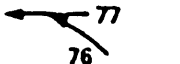
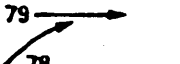
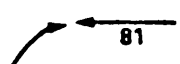

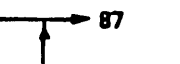

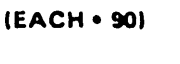

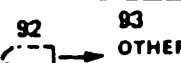

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
 (0) No override/underride, or not an end-to-end impact
- Override (see specific CDC)*
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify): _____
- Underride (see specific CDC)*
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify): _____
- (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 9 9 8
28. Heading Angle For Other Vehicle 9 9 8

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 24, 25, 26, 27	 24 DECEL. 28, 29, 30, 31	 26 SPECIFICS OTHER	 28 SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 32) SPECIFICS OTHER (EACH • 42) SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 SPECIFICS OTHER	 46 SPECIFICS OTHER	 48 SPECIFICS OTHER	 49 SPECIFICS OTHER	(EACH • 48) SPECIFICS UNKNOWN (EACH • 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 SPECIFICS OTHER	 52 SPECIFICS UNKNOWN	 53 SPECIFICS UNKNOWN	(EACH • 52) SPECIFICS UNKNOWN (EACH • 53) SPECIFICS UNKNOWN
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 65 SPECIFICS OTHER	 66 SPECIFICS UNKNOWN	 67 SPECIFICS UNKNOWN	(EACH • 66) SPECIFICS UNKNOWN (EACH • 67) SPECIFICS UNKNOWN
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 72 SPECIFICS OTHER	 74 SPECIFICS UNKNOWN	(EACH • 74) SPECIFICS UNKNOWN (EACH • 75) SPECIFICS UNKNOWN
	K Turn Into Path	 76 TURN INTO SAME DIRECTION	 78 TURN INTO OPPOSITE DIRECTIONS	 80 SPECIFICS OTHER	 82 SPECIFICS UNKNOWN	(EACH • 84) SPECIFICS UNKNOWN (EACH • 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86 SPECIFICS OTHER	 88 SPECIFICS UNKNOWN	 90 SPECIFICS UNKNOWN	 91 SPECIFICS UNKNOWN	(EACH • 90) SPECIFICS UNKNOWN (EACH • 91) SPECIFICS UNKNOWN
VI Miscellaneous	M. Backing Etc.	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

29. Basis for Total Delta V (highest)

6*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

Highest

32. Lateral Component of Delta V ⁺
- 9 9 9

____ Nearest kph (highest)

____ Nearest kph (secondary)

(NOTE: __000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

33. Energy Absorption 9 9 9, 9 0 0

____ Nearest 100 joules (highest)

____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

COMPUTER GENERATED DELTA V

30. Total Delta V

9 9 9

Highest

____ Nearest kph (highest)

____ Nearest kph (secondary)

(NOTE: 000 means less than
0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of
Delta V⁺
- 9 9 9

____ Nearest kph (highest)

____ Nearest kph (secondary)

(NOTE: __000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

34. Confidence In Reconstruction Program
Results (For Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

0

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

1

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

1

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [X] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

37. Police Reported Other Drug Presence ϕ

- (0) No other drug(s) present
- (1) Yes [other drug(s) present]
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver ϕ

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

39. Other Drug Specimen Test Type For Driver ϕ

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u> ϕ </u>	41. <u> ϕ </u>
Depressant Drug	42. <u> ϕ </u>	43. <u> ϕ </u>
Stimulant Drug	44. <u> ϕ </u>	45. <u> ϕ </u>
Hallucinogen Drug	46. <u> ϕ </u>	47. <u> ϕ </u>
Cannabinoid Drug	48. <u> ϕ </u>	49. <u> ϕ </u>
Phencyclidine (PCP)	50. <u> ϕ </u>	51. <u> ϕ </u>
Inhalant Drug	52. <u> ϕ </u>	53. <u> ϕ </u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u> ϕ </u>	55. <u> ϕ </u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code _____

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin 1

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify): _____
 (9) Unknown

58. Vehicle Special Use (This Trip) φ

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify): _____
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type φ

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify): _____
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation φ

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted φ φ62. Location on Vehicle Where Initial Principal Tripping Force Is Applied φ

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (8) Non-contact rollover forces (specify): _____
 (9) Unknown

63. Direction of Initial Roll φ

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRAASH DATA64. Pre-Event Movement (Prior to Recognition of Critical Event) 1 3

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object _____

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object _____

- (98) Other event (specify): _____

- (99) Unknown event or object _____

PRECRASH DATA (Continued)**65. Critical Precrash Event** 6*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location

(98) Other critical precrash event (specify): _____

(99) Unknown

For Corrective Actions Attempted see variable GV14 (Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver 6

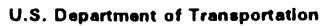
- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 6

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

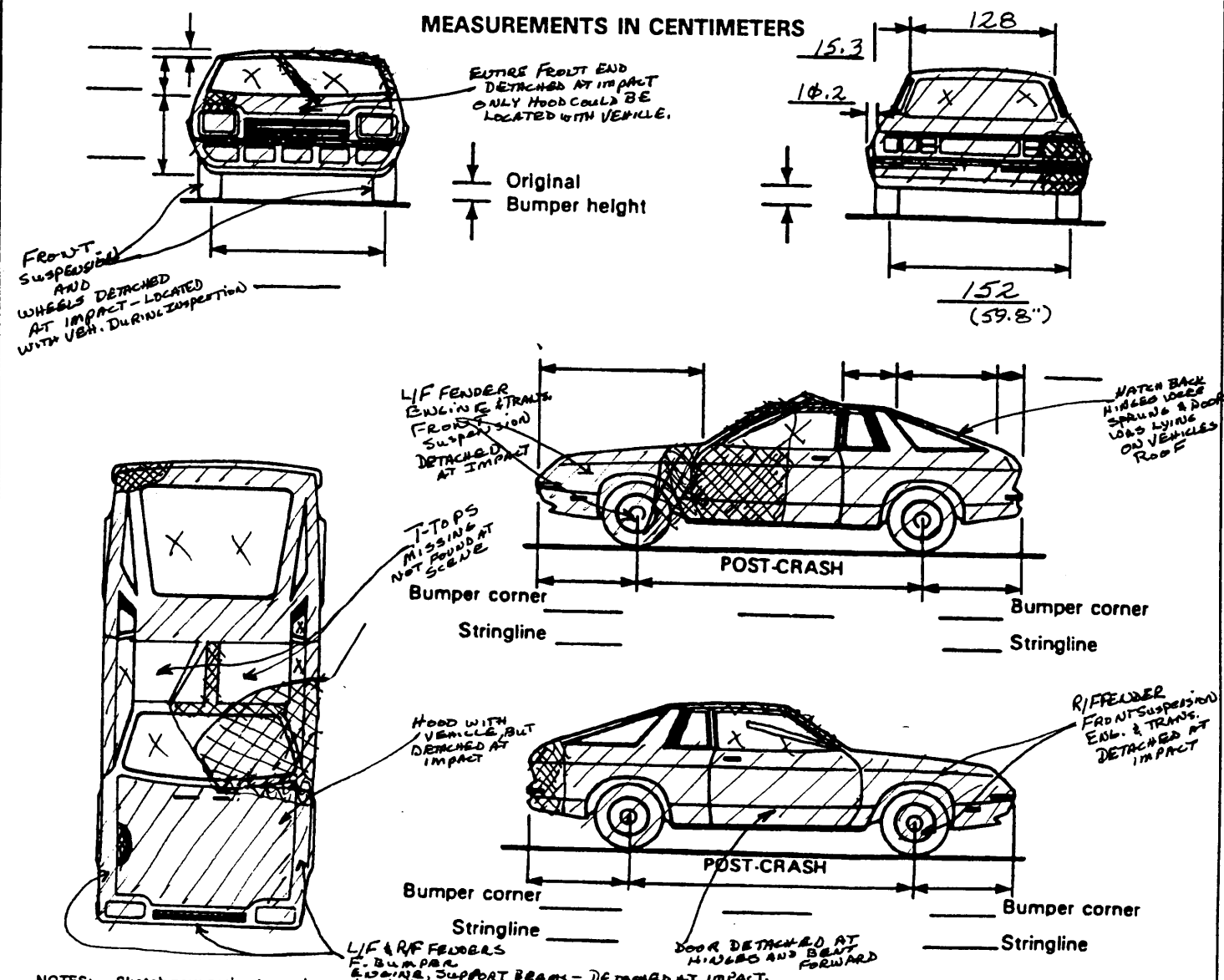


**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>6</u> <u>9</u> <u>6</u> <u>.5</u> inches	x 2.54 =	<u>2</u> <u>4</u> <u>5</u> cm
Overall Length	<u>1</u> <u>7</u> <u>0</u> <u>.0</u> inches	x 2.54 =	<u>4</u> <u>3</u> <u>2</u> cm
Maximum Width	<u>6</u> <u>7</u> <u>0</u> <u>.5</u> inches	x 2.54 =	<u>1</u> <u>7</u> <u>9</u> cm
Curb Weight	<u>6</u> <u>3</u> <u>.2</u> <u>1</u> <u>9</u> pounds	x .4536 =	<u>1</u> <u>.4</u> <u>6</u> <u>0</u> kg
Average Track	<u>6</u> <u>5</u> <u>9</u> <u>.7</u> inches	x 2.54 =	<u>1</u> <u>5</u> <u>2</u> cm
Front Overhang	<u>6</u> <u>3</u> <u>7</u> <u>.0</u> inches	x 2.54 =	<u>6</u> <u>9</u> <u>4</u> cm
Rear Overhang	<u>6</u> <u>3</u> <u>6</u> <u>.5</u> inches	x 2.54 =	<u>6</u> <u>9</u> <u>3</u> cm
Undeformed End Width	<u>UNKNOWN</u> inches	x 2.54 =	<u> </u> <u> </u> <u> </u> cm
Engine Size: cyl./displ.	<u>3</u> <u>0</u> <u>0</u> <u>0</u> cc	x .001 =	<u>3</u> <u>.0</u> L
	<u>1</u> <u>8</u> <u>3</u> CID	x .0164 =	<u>3</u> <u>.0</u> L

TIRE—WHEEL DAMAGE		ORIGINAL SPECIFICATIONS		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)	
a. Rotation physically restricted	b. Tire deflated	Wheelbase	<u>245</u> cm	RF ± _____ °	
RF <u>DETACHED</u>	RF <u>-</u>	Overall Length	<u>432</u> cm	LF ± _____ °	
LF <u>DETACHED</u>	LF <u>-</u>	Maximum Width	<u>179</u> cm	RR ± <u>0</u> <u>0</u> °	
RR <u>1</u>	RR <u>2</u>	Curb Weight	<u>1,460</u> kg	LR ± _____ °	
LR <u>2</u>	LR <u>2</u>	Average Track	<u>152</u> cm	Within ± 5 degrees	
(1) Yes (2) No (8) NA (9) Unk.		Front Overhang	<u>94</u> cm	DRIVE WHEELS	
		Rear Overhang	<u>93</u> cm	<input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD	
TYPE OF TRANSMISSION		Undeformed End Width	<u>UNKNOWN</u> cm	Approximate Cargo Weight <u>0</u> kg	
<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic		Engine Size: cyl./displ.	<u>V6/3.0</u> L TURBO		



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(57) Fence

(58) Wall

- (59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

- (72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

- (77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>Ø 3</u>	5. <u>4 2</u>	6. <u>Ø 9</u>	7. <u>L</u>	8. <u>Y</u>	9. <u>A</u>	10. <u>W</u>	11. <u>Ø 6</u>

Second Highest Delta "V"

12. <u>Ø 2</u>	13. <u>4 2</u>	14. <u>Ø 5</u>	15. <u>R</u>	16. <u>B</u>	17. <u>E</u>	18. <u>E</u>	19. <u>Ø 2</u>
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CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>± D</u>
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----- NOT MEASURED DUE TO -----
CATASTROPHIC DAMAGE

Second Highest Delta "V"

CDC'S ONLY

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>± D</u>
--------------	--------------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------

26. Are CDCs Documented
but Not Coded on The
Automated File?

(0) No
(1) Yes

1

27. Researcher's Assessment
of Vehicle Disposition
(0) Not towed due to
vehicle damage
(1) Towed due to
vehicle damage
(9) Unknown

1

28. Original Wheelbase

2 4 5

Code to the
nearest centimeter
(999) Unknown

Ø 9 6 . 5 inches X 2.54 = 2 4 5 centimeters

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? φ

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications (specify): _____

(Include photograph of CERTIFICATION PLACARD in case report)

- (9) Unknown if vehicle is modified

30. Fire Occurrence φ

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

31. Origin of Fire φ

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

32. Type of Fuel Tank-1 1

33. Type of Fuel Tank-2 φ

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

34. Fuel Tank-1 Location 9

35. Fuel Tank-2 Location φ

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle) centered
(2) Aft of center of the rear wheels (rear axle) left side
(3) Aft of center of the rear wheels (rear axle) right side
(4) Forward of center of the rear wheels (rear axle) centered
(5) Forward of center of the rear wheels (rear axle) left side
(6) Forward of center of the rear wheels (rear axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____
(9) Unknown

36. Fuel Tank-1 Filler Cap Location 4

37. Fuel Tank-2 Filler Cap Location φ

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle) on left side plane
(3) Aft of center of the rear wheels (rear axle) on right side plane
(4) Forward of center of the rear wheels (rear axle) on left side plane
(5) Forward of center of the rear wheels (rear axle) on right side plane
(6) Over the center of the rear wheels (rear axle) on left side plane
(7) Over the center of the rear wheels (rear axle) on right side plane
(8) Other (specify): _____
(9) Unknown

38. Fuel Tank-1 Damage 9

39. Fuel Tank-2 Damage φ

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____
(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum D57-94-SP-0073. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 9 8

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

09, 03, 05 and 06

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 2 6. RF 2 7. LR 0 8. RR 0 9. TG/H 2

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 \neq 2, Then code 010. LF 5 11. RF 5 12. LR 0 13. RR 0 14. TG/H 2

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 6 16. LF 6 17. RF 6 18. LR 6 19. RR 020. BL 6 21. Roof 9 22. Other 0

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 028. BL 0 29. Roof 9 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact and holed by occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage **And** No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 2 34. LR 2 35. RR 036. BL 2 37. Roof 9 38. Other 0

(0) No glazing contact and no damage, or no glazing

(1) AS-1 — Laminated

(2) AS-2 — Tempered

(3) AS-3 — Tempered-tinted

(4) AS-14 — Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF 2 42. LR 1 43. RR 044. BL 1 45. Roof 9 46. Other 0

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

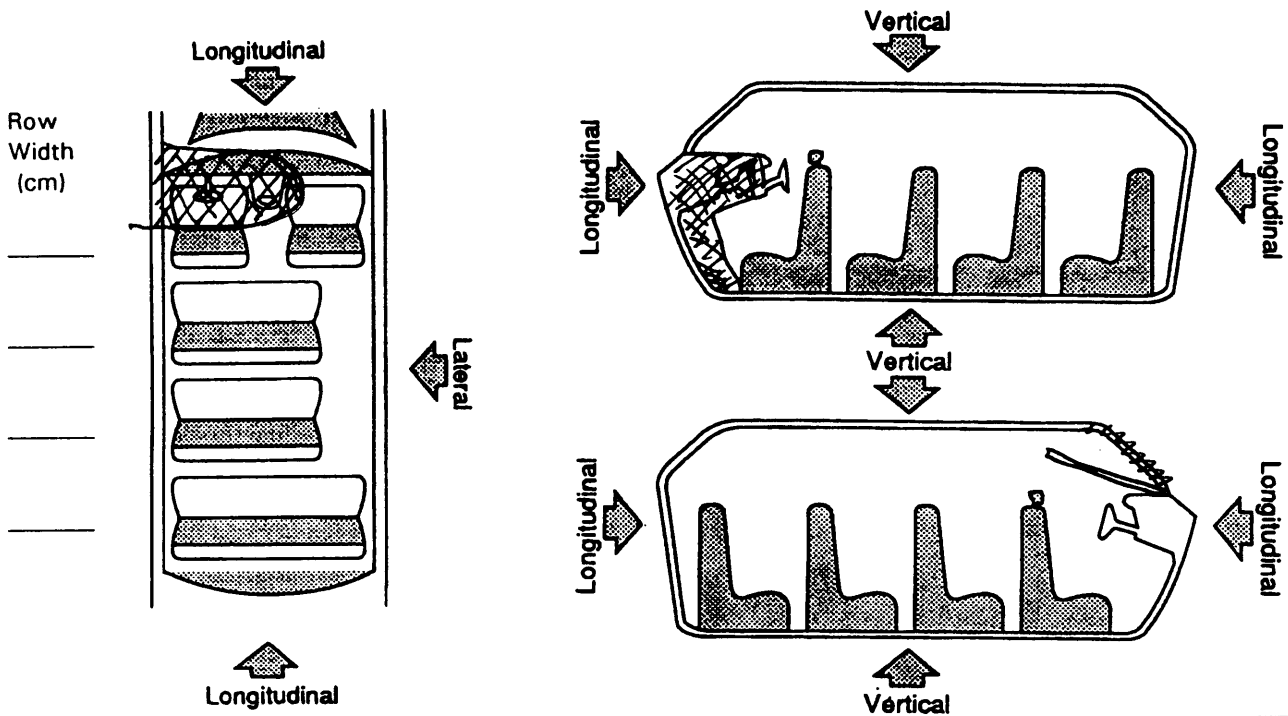
(3) Partially opened

(4) Fully opened

(9) Unknown

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
11	LEFT "A" PILLAR	ϕ	EST. 101.6cm (40")	EST. 101.6cm (40.0")	LATERAL
11	LEFT SILL	ϕ	EST. 101.6cm (40.0")	EST. 101.6cm (40.0")	LATERAL
11	LEFT TOE PAN	ϕ	EST. 101.6cm (40.0")	EST. 101.6cm (40.0")	LATERAL
11	LEFT INST. PANEL	ϕ	EST. 76.2cm (30.0")	EST. 76.2cm (30.0")	LATERAL
11	LEFT INST. PANEL	ϕ	EST. 38.1cm (15.0")	EST. 38.1cm (15.0")	LONG.
13	CENTER CONSOLE	ϕ	EST. 33cm (13.0")	EST. 33cm (13.0")	LATERAL
13	R. FLOOR/TOE PAN	ϕ	EST. 33cm (13.0")	EST. 33cm (13.0")	LATERAL
13	R. "A" PILLAR	ϕ	EST. 27.9cm (11.0")	EST. 27.9cm (11.0")	VERTICAL
11	L. "B" PILLAR	ϕ	EST. 25.4cm (10.0")	EST. 25.4cm (10.0")	LATERAL
13	R. "A" PILLAR	ϕ	EST. 101.2cm (40.0")	EST. 101.2cm (40.0")	LATERAL

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>1</u> <u>1</u>	48. <u>φ</u> <u>6</u>	49. <u>6</u>	50. <u>3</u>
2nd	51. <u>1</u> <u>1</u>	52. <u>1</u> <u>7</u>	53. <u>6</u>	54. <u>3</u>
3rd	55. <u>1</u> <u>1</u>	56. <u>φ</u> <u>5</u>	57. <u>6</u>	58. <u>3</u>
4th	59. <u>1</u> <u>1</u>	60. <u>φ</u> <u>2</u>	61. <u>6</u>	62. <u>3</u>
5th	63. <u>1</u> <u>1</u>	64. <u>φ</u> <u>2</u>	65. <u>4</u>	66. <u>2</u>
6th	67. <u>1</u> <u>3</u>	68. <u>2</u> <u>6</u>	69. <u>4</u>	70. <u>3</u>
7th	71. <u>1</u> <u>3</u>	72. <u>1</u> <u>7</u>	73. <u>4</u>	74. <u>3</u>
8th	75. <u>1</u> <u>3</u>	76. <u>φ</u> <u>6</u>	77. <u>3</u>	78. <u>1</u>
9th	79. <u>1</u> <u>1</u>	80. <u>φ</u> <u>7</u>	81. <u>3</u>	82. <u>3</u>
10th	83. <u>1</u> <u>3</u>	84. <u>φ</u> <u>6</u>	85. <u>2</u>	86. <u>3</u>

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

CENTER CONSOLE

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

LOCATION OF INTRUSION

Front Seat

- (11) Left
- (12) Middle
- (13) Right

Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

Second Seat

- (21) Left
- (22) Middle
- (23) Right

- (97) Catastrophic
- (98) Other enclosed area (specify)

(99) Unknown

Third Seat

- (31) Left
- (32) Middle
- (33) Right

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
	—		=	
	—		=	
	—		=	

STEERING WHEEL / STEERING COLUMN WAS SHEARED, THEN EJECTED FROM THE VEHICLE AT IMPACT. THE STEERING RIM & SPOKE WERE DEFORMED BUT COULD NOT BE MEASURED — NO REFERENCES — AND DEFORMATION SOURCE COULD NOT BE IDENTIFIED WITH ANY MEASURE OF ACCURACY.

STEERING COLUMN87. Steering Column Type 9

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Blank X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

89. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

90. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

91. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

92. Steering Rim/Spoke Deformation 9 8

Code actual measured

deformation to the nearest centimeter

- (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

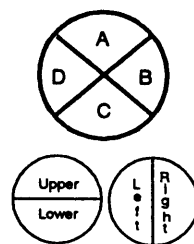
93. Location of Steering Rim/Spoke Deformation φ 7*Quarter Sections*

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke

- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

**INSTRUMENT PANEL**94. Odometer Reading 9 9 9 ,000

_____ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

SPEEDOMETER / ODOMETER COULD NOT BE FOUND WITH VEHICLE, OR AT SCENE

_____ miles X 1.6093 = _____ kilometers

Source: _____

95. Instrument Panel Damage from Occupant Contact? 9

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 8

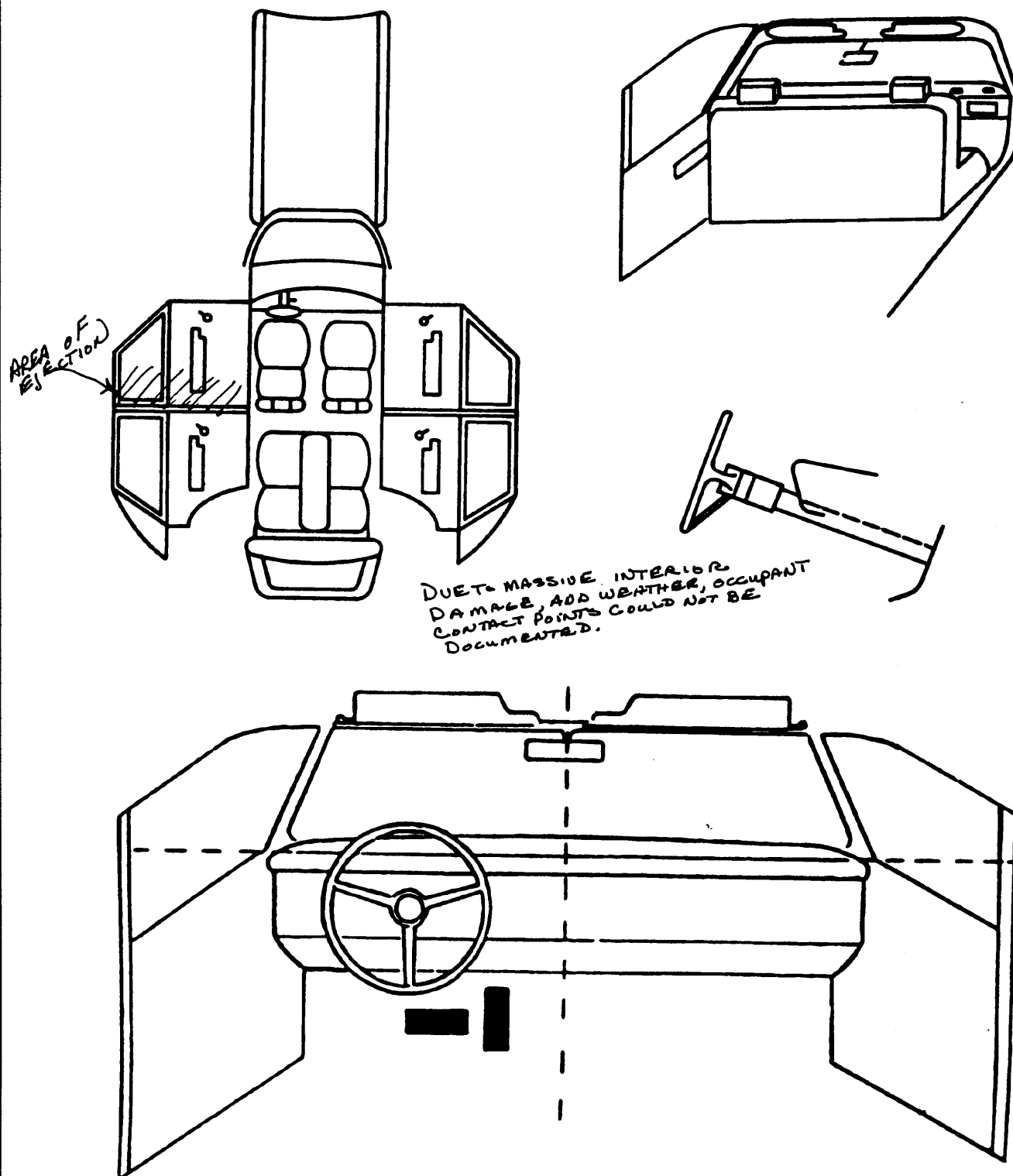
- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 1

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CONTACT POINTS COULD NOT
BE DOCUMENTED OR IDENTIFIED
DUE TO DAMAGE AND POST ACCIDENT
WEATHER

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____
- (28) Left side window sill
- RIGHT SIDE
- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): _____

- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function	ϕ	ϕ
	Deployment	ϕ	ϕ
	Failure	ϕ	ϕ

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	2	2
	Use	1	2
	Type	1	1
	Proper Use	1	ϕ
	Failure Modes	1	ϕ

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	φ	φ	φ
	Evidence of usage	φ	φ	φ
	Used in this crash?	φ φ	φ φ	φ φ
	Proper Use	φ	φ	φ
	Failure Modes	φ	φ	φ
S E C O N D	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			
O T H E R	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model		Specify Below for Each Child Safety Seat				

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____
- (19) Unknown orientation
- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation
- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	2	φ	2
	Seat Type	φ 2	φ φ	φ 2
	Seat Performance	6	φ	6
	Seat Orientation	1	φ	1
SECOND	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____

(9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____

(10) Box mounted seat (i.e., van type)

(99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Floor, Sill, Door, Console
Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

(9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [] Yes ☒

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number	4 1					
Ejection	1					
(Note on Vehicle Interior Sketch) Ejection Area	2					
Ejection Medium	1					
Medium Status	2					

Ejection

- (1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No ☒ Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSE-94-SP-007
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 24
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older _____
(99) Unknown

6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 180
Code actual height to the nearest
centimeter.
(999) Unknown

71 inches X 2.54 = 180 centimeters

8. Occupant's Weight 187
Code actual weight to the nearest
kilogram.
(999) Unknown

191 pounds X .4536 = 87 kilograms

9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

- (97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture 0
(0) Normal posture

- Abnormal posture*
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

1

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

2

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

1

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 2

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

φ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability φ

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm _____

(4) Shoulder belt worn behind back or seat _____

(5) Belt worn around more than one person _____

(6) Lap belt worn on abdomen _____

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position 2

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) 0 2

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 6

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): FLOOR, SILL, DOOR
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model φ φ φ
(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat φ

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ
(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ

32. Child Safety Seat Shield Usage φ φ

33. Child Safety Seat Tether Usage φ φ

Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added

(09) Unknown if harness/shield/tether
added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay 4 2

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

99. Case Occupant 1

- (0) Not Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case

38. Working Days Lost 6 1

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death φ φ

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 1 3

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function** 2

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use 1

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type 1

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 1

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 1

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):

- (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):

- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
☒ Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify):

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒ YES []

UPDATE CANDIDATE?

NO ☒ YES []

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 1 5
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 2
(1) No - blood not given
(2) Yes - blood given
(specify units): NOT STATED
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 0 1
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed
or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used



OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

3. Vehicle Number 012. Case Number - Stratum DSI-94-SP-0074. Occupant Number 01

INJURY DATA

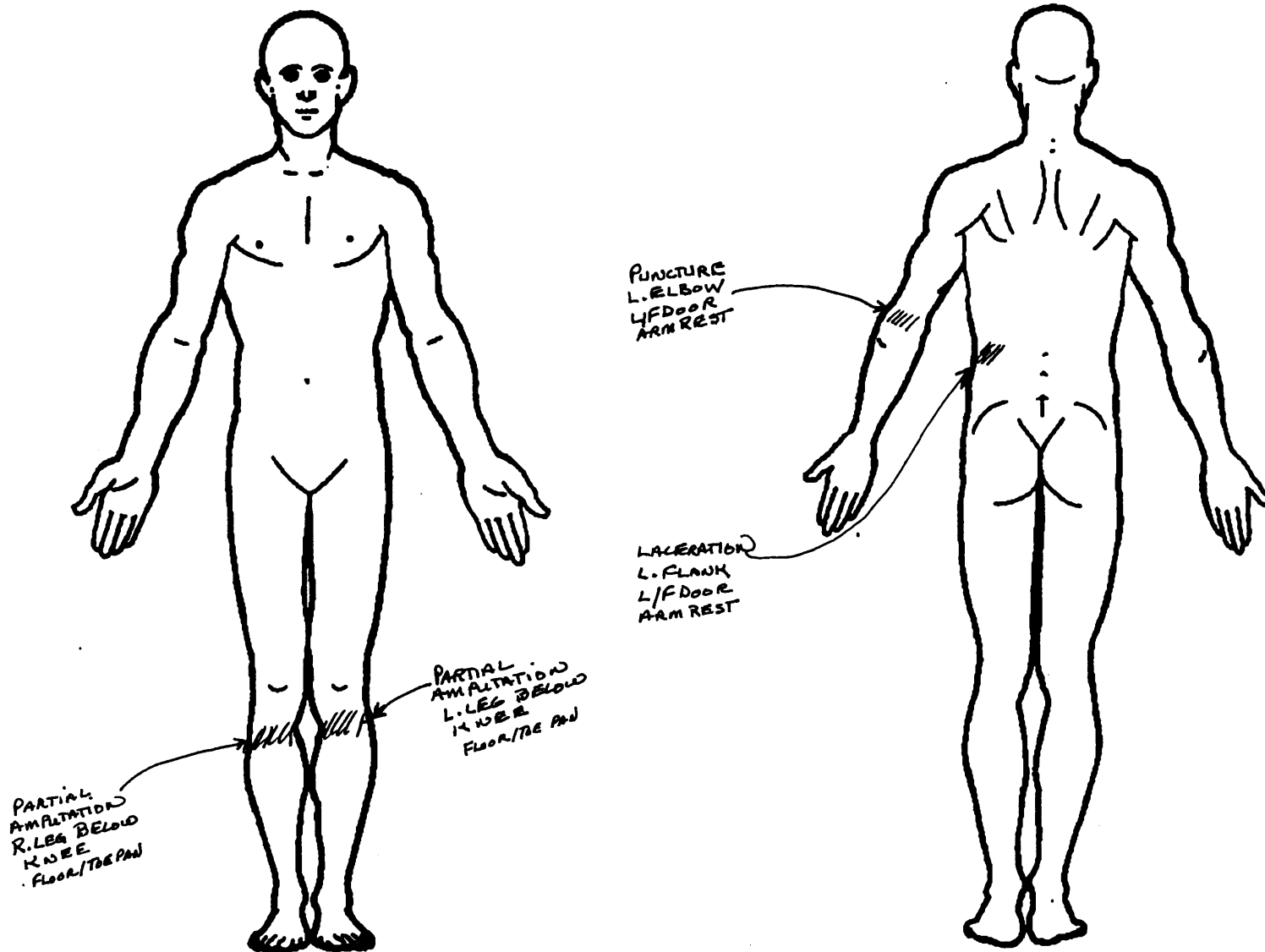
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-
1st	5. <u>2</u>	6. <u>B</u>	7. <u>5</u>	8. <u>1 B</u>	9. <u>1 4</u>	10. <u>3</u>	11. <u>1</u>	12. <u>5 7</u>	13. <u>1</u>	14. <u>1</u>	15. <u>0 6</u>	<u>821.0</u>
2nd	16. <u>2</u>	17. <u>B</u>	18. <u>5</u>	19. <u>3 4</u>	20. <u>0 B</u>	21. <u>3</u>	22. <u>1</u>	23. <u>5 6</u>	24. <u>1</u>	25. <u>1</u>	26. <u>0 3</u>	<u>823.3</u>
3rd	27. <u>2</u>	28. <u>B</u>	29. <u>1</u>	30. <u>1 0</u>	31. <u>0 2</u>	32. <u>3</u>	33. <u>1</u>	34. <u>5 6</u>	35. <u>1</u>	36. <u>1</u>	37. <u>0 3</u>	<u>897.1</u>
4th	38. <u>2</u>	39. <u>B</u>	40. <u>5</u>	41. <u>3 4</u>	42. <u>0 B</u>	43. <u>3</u>	44. <u>2</u>	45. <u>5 6</u>	46. <u>1</u>	47. <u>1</u>	48. <u>0 3</u>	<u>823.3</u>
5th	49. <u>2</u>	50. <u>B</u>	51. <u>1</u>	52. <u>1 0</u>	53. <u>0 2</u>	54. <u>3</u>	55. <u>2</u>	56. <u>5 6</u>	57. <u>1</u>	58. <u>1</u>	59. <u>0 3</u>	<u>897.1</u>
6th	60. <u>2</u>	61. <u>4</u>	62. <u>4</u>	63. <u>1 4</u>	64. <u>0 2</u>	65. <u>3</u>	66. <u>2</u>	67. <u>2 0</u>	68. <u>1</u>	69. <u>2</u>	70. <u>0 0</u>	<u>861.2</u>
7th	71. <u>2</u>	72. <u>B</u>	73. <u>5</u>	74. <u>3 4</u>	75. <u>0 6</u>	76. <u>2</u>	77. <u>1</u>	78. <u>5 7</u>	79. <u>1</u>	80. <u>1</u>	81. <u>0 6</u>	<u>823.0</u>
8th	82. <u>2</u>	83. <u>B</u>	84. <u>5</u>	85. <u>1 6</u>	86. <u>1 0</u>	87. <u>2</u>	88. <u>1</u>	89. <u>5 6</u>	90. <u>1</u>	91. <u>1</u>	92. <u>0 3</u>	<u>823.3</u>
9th	93. <u>2</u>	94. <u>B</u>	95. <u>5</u>	96. <u>1 6</u>	97. <u>1 0</u>	98. <u>2</u>	99. <u>2</u>	100. <u>5 6</u>	101. <u>1</u>	102. <u>1</u>	103. <u>0 3</u>	<u>823.3</u>
10th	104. <u>2</u>	105. <u>7</u>	106. <u>5</u>	107. <u>2 2</u>	108. <u>0 0</u>	109. <u>2</u>	110. <u>2</u>	111. <u>4 1</u>	112. <u>1</u>	113. <u>1</u>	114. <u>0 0</u>	<u>810.0</u>

		A.I.S. - 90							Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source				
11th	<u>2</u>	<u>7</u>	<u>5</u>	<u>26</u>	<u>φ 2</u>	<u>2</u>	<u>2</u>	<u>2 φ</u>	<u>1</u>	<u>1</u>	<u>φ φ</u>	<u>B12.2</u>
12th	<u>2</u>	<u>7</u>	<u>9</u>	<u>φ 6</u>	<u>φ 2</u>	<u>1</u>	<u>2</u>	<u>2 1</u>	<u>1</u>	<u>1</u>	<u>φ φ</u>	<u>B81.4</u>
13th	<u>2</u>	<u>6</u>	<u>9</u>	<u>φ 6</u>	<u>φ 2</u>	<u>1</u>	<u>2</u>	<u>2 1</u>	<u>1</u>	<u>1</u>	<u>φ φ</u>	<u>B79.</u>
14th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
15th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
16th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
17th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
18th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
19th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
20th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
21st	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
22nd	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
23rd	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
24th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
25th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

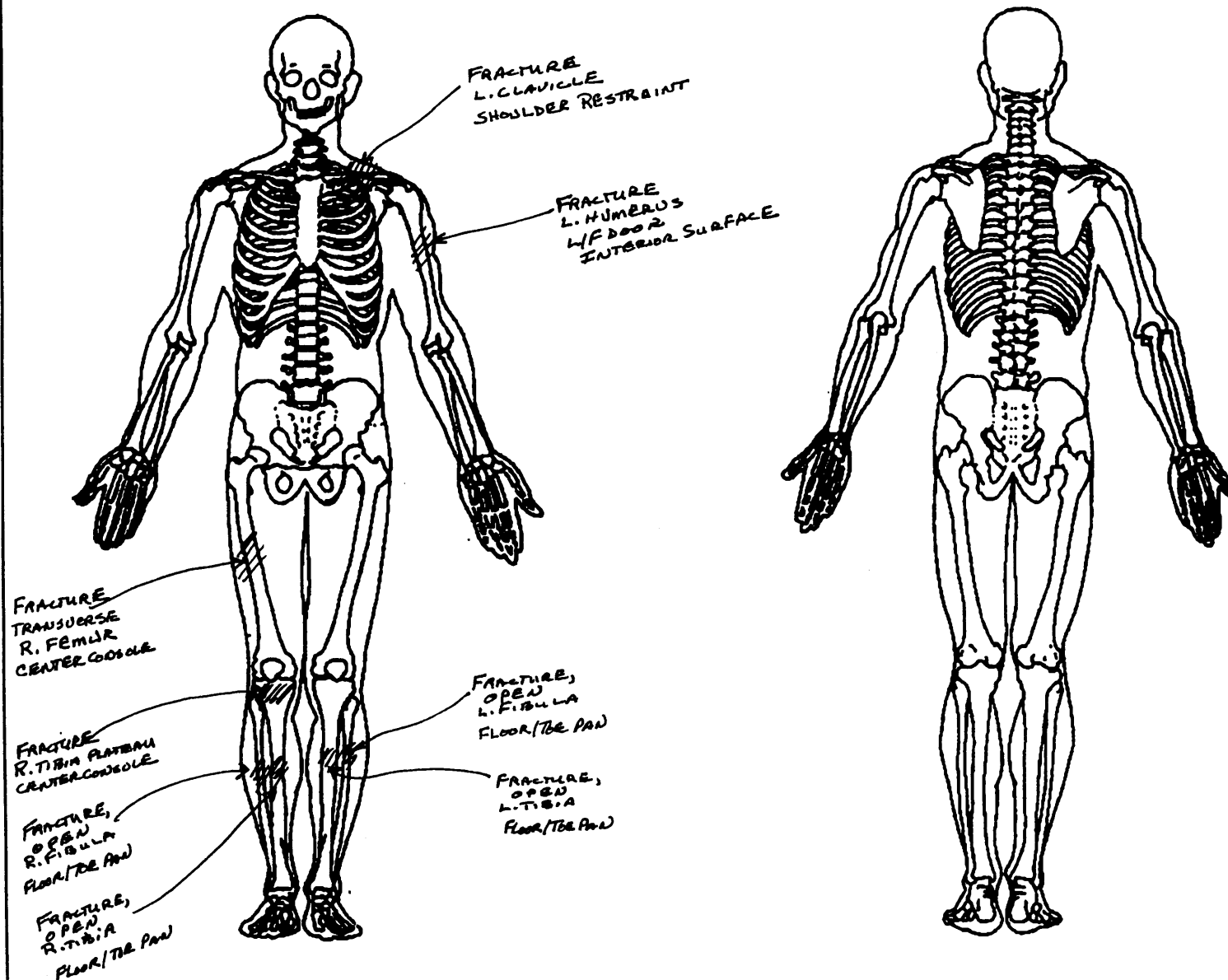
— No

☒ YesBlood Alcohol Level
(mg/dl)BAL = .05Glasgow Coma
Scale ScoreGCS = 15Units of Blood
GivenUnits = 99

Arterial Blood Gases

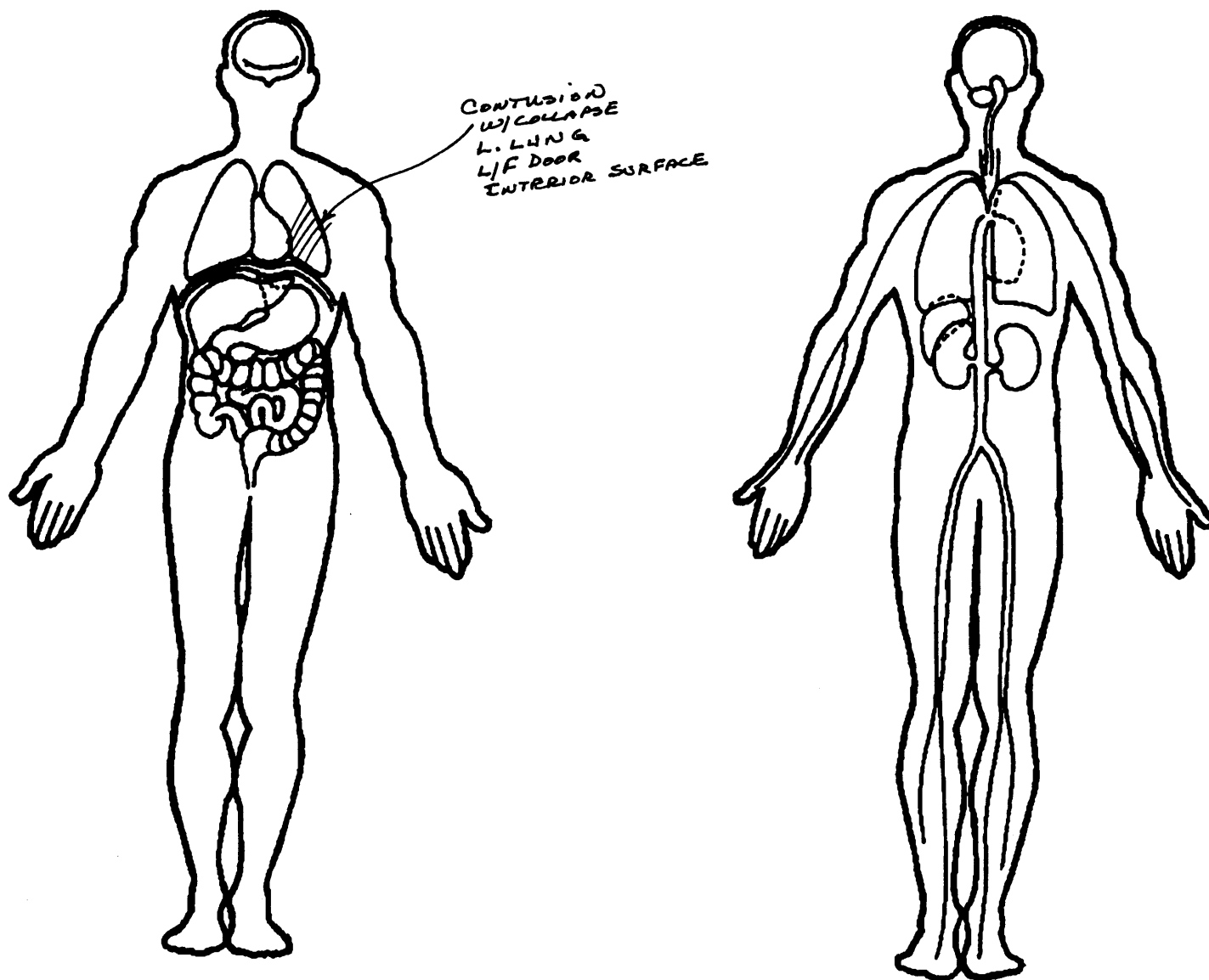
pH = —PO₂ = —PCO₂ = —HCO₃ = —

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





INTERVIEW FORM (A)

1. Primary Sampling Unit Number _____

2. Case Number - Stratum DSI-94-SP-0073. Vehicle Number 01

Interviewee(s) Role or Name(s): _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

All I can remember is I was coming out of a curve and I lost it and went into a bunch of trees, I don't really remember anything else.

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS



INTERVIEW FORM (B)

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-94-SP-PQ 7
3. Vehicle Number 61

Interviewee(s) Role or Name(s): _____

ACCIDENT DATA QUESTIONS

1. Can you tell me in which direction you were traveling?

☐ North ☒ South ☐ East ☐ West

(Optional - Where were you coming from or going to?)

2. In which lane were you traveling?

(Note: Lane 1 is designated as the right curb lane.)

☒ (1) ☐ (2) ☐ (3) ☐ (4) ☐ Other (specify):

3. Can you remember your estimated travel speed (in miles per hour) before the accident?

☐ Stopped ☐ 1-10 ☐ 10-20
☐ 20-30 ☐ 30-40 ☐ 40-50
☐ 50-60 ☐ 60-70 ☒ 70+

4. Just before the accident, can you tell me what you were intending to do or were doing?

☐ Going straight ☐ Stopped
☐ slowing ☐ Accelerating
☐ Turning left ☐ Turning right
☐ Changing lanes to left ☐ Changing lanes to right
☐ Backing
☐ Other (specify): COMING OUT OF A CURVE

5. Did you experience any loss of control due to weather conditions or mechanical problems?

☒ No
☐ Yes (If yes, describe below)

6. Did you have to take any avoidance actions prior to the accident?

☐ No - Go to question 7
☒ Yes - Go to question 6a

- 6a. What actions did you take?

☐ Braking with lock-up
☐ Braking without lock-up
☐ Releasing brakes
☐ Accelerating
☐ Steering left
☒ Steering right
☐ Other (specify):

7. Where was your vehicle at the time of the collision?

☐ Original travel lane ☐ Different travel lane
☐ In intersection ☐ Off roadway to right
☒ Off roadway to left
☐ Other (specify):

8. Was your travel speed at the time of the collision different from your previous travel speed?

☐ No
☐ Lower
☐ Higher
☒ Unknown

- 8a. Can you estimate your speed at the time of the collision?

☐ Stopped ☐ 1-10 ☐ 10-20
☐ 20-30 ☐ 30-40 ☐ 40-50
☐ 50-60 ☐ 60-70 ☒ 70+

9. Immediately following the collision, can you describe how your vehicle moved to its stopped position?

I DON'T REMEMBER

10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?

NO, MORE THAN 1 THOUGH.

1. Primary Sampling Unit Number _____ 3. Vehicle Number 01

2. Case Number - Stratum DSE-94-EP-007 4. Occupant Number 01

VEHICLE/DRIVER DATA QUESTIONS

1. Can you tell me the year, make, model of your vehicle?
1990 NISSAN 300ZX
 Year Make Model
2. Can you describe the damage to your vehicle?
I HAVEN'T SEEN IT BUT I
HEAR THAT ITS TOTALLED
3. Was there any previous damage to your vehicle that is not related to this accident?
☒ No
☐ Yes (If "yes", describe below)
4. Did any of the doors (hatch, tailgate) open during the accident?
☐ No
☐ Yes (If "Yes", describe below)
I DON'T KNOW
5. Did any of the windows break during the accident?
☐ No
☐ Yes (If "Yes", describe below)
I DON'T KNOW
6. Does your vehicle have a glove compartment?
☐ No
☒ Yes
- 6a. Did the glove compartment door come open during the accident?
☐ No
☐ Yes
☒ Unknown
7. Does your vehicle have "seat belts"?
☐ No (If "No", go to question 7b)
☒ Yes (If "Yes", go to question 7a)
- 7a. Can you describe the type of seat belt for each seat?
 Driver's seat ☐ Lap ☒ Lap and shoulder
 Front seat middle ☐ Lap ☐ Lap and shoulder
 Front seat right ☐ Lap ☒ Lap and shoulder
 Rear seat left ☐ Lap ☐ Lap and shoulder
 Rear seat middle ☐ Lap ☐ Lap and shoulder
 Rear seat right ☐ Lap ☐ Lap and shoulder
- (Identify seat belts for third row and beyond)
- 7b. Were any of the belts removed or not functional prior to the accident?
☒ No
☐ Yes (If "Yes", specify which belt and describe problem)
8. Do any of the front belts move along a motorized track when the door is opened or closed?
☒ No (If "No", go to question 9)
☐ Yes (If "Yes", what seat location?)
☐ Left Front
☐ Right Front
- 8a. Were the motorized belts working properly before the accident?
☐ No (If "No", describe condition below)
☐ Yes
- 8b. Were the belts connected to the track prior to the accident?
☐ No
☐ Yes
☐ Unknown
9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door?
☐ No (go to question 10)
☒ Yes
- 9a. Does this belt come across the _____?
☐ Chest only
☒ Lap and chest
- 9b. Was this belt connected prior to the accident?
☐ No
☒ Yes
☐ Unknown

AIR BAGS

10. Is your vehicle equipped with a driver's side air bag?
☒ No (go to question 11)
☐ Yes (go to question 10a)
☐ Unknown (go to question 11)
- 10a. Did the air bag inflate during the accident?
☐ No (go to questions 10b and 10c)
☐ Yes (go to question 10e)

1. Primary Sampling Unit Number _____ 3. Vehicle Number 01
 2. Case Number - Stratum SI-94-SP-002 4. Occupant Number 01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

CHILD SAFETY SEAT

- 10b. Was the air bag wiring disconnected prior to the accident?
☐ No
☐ Yes (If "Yes", describe previous condition)

☐ Unknown
- 10c. Was your vehicle involved in any accidents prior to this accident which inflated the air bag?
☐ No (go to question 11)
☐ Yes (go to question 10d)
☐ Unknown
- 10d. Was the air bag re-installed after the accident?
☐ No (go to question 11)
☐ Yes
☐ Unknown
- 10e. Did the air bag inflate as you expected?
☐ No (If "No" describe below)

☐ Yes
☐ Unknown
11. Is your vehicle equipped with a passenger side air bag?
☒ No (If "No", go to question 12)
☐ Yes (If "Yes", go to question 11a)
☐ Unknown (If "Unknown", go to question 12)
- 11a. Did the passenger air bag inflate during the accident?
☐ No (go to question 11b)
☐ Yes (go to question 12)
- 11b. Was the passenger air bag wiring disconnected prior to the accident?
☐ No
☐ Yes (If "Yes", describe below)

☐ Unknown
- 11c. Was the passenger air bag inflated in a previous accident?
☐ No (go to question 12)
☐ Yes (go to question 11d)
☐ Unknown
- 11d. Was the passenger air bag re-installed after the accident?
☐ No (go to question 12)
☐ Yes
☐ Unknown
- 11e. Did the passenger air bag inflate as you expected?
☐ No (If "No" describe below)

☐ Yes
☐ Unknown

12. Was there a person in a child safety seat in your vehicle?
☒ No (If "No", go to question 13)
☐ Yes
☐ Unknown
- 12a. Can you tell me the manufacturer and model of the child safety seat?

- 12b. Can you describe the type of child safety seat?
☐ Infant
☐ Toddler
☐ Convertible
☐ Booster
☐ Other (specify): _____
☐ Unknown
- 12c. Where was the child safety seat(s) located?
☐ [12] ☐ [13]
☐ [21] ☐ [22] ☐ [23]
☐ [31] ☐ [32] ☐ [33]
☐ [Other] (specify): _____
- 12d. Can you tell me which direction the child safety seat was facing prior to the accident?
☐ Rear facing
☐ Forward facing
☐ Other (specify): _____
☐ Unknown
- 12e. Was a seat belt used to hold the child seat in place?
☐ No (If "No", go to question 12g)
☐ Yes (If "Yes", go to question 12f)
☐ Unknown
- 12f. Can you describe how the seat belt was secured to the child seat?
☐ Looped through designated rear framing struts?
☐ Looped through arm rest slots?
☐ Belt across safety shield?
☐ Looped through rear frame outside the designated framing struts?
☐ Other (specify): _____
☐ Unknown
- 12g. What was the child safety seat equipped with at the time of purchase? (check all that apply)
☐ Harness
☐ Shield
☐ Tether strap
- If any box is checked, ask questions 12h - 12i.

1. Primary Sampling Unit Number _____ 3. Vehicle Number 01
2. Case Number - Stratum SI-94-SP-007 4. Occupant Number 01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

12h. Were any of these items added after you owned the child safety seat?

- ☐ Yes
(specify _____)
☐ No
☐ Unknown

12i. Were any of these items used during the accident?

- ☐ Yes (If "Yes", check all that apply)
() Harness
() Shield
() Tether strap
☐ No
☐ Unknown

OPTIONAL

If you do not know where the vehicle is or if the owner's permission is needed for inspection.

15. Do you know where the vehicle is currently located?

16. May I take a look at your vehicle to assess the damage?

- ☐ No
☐ Yes

DRIVER ONLY

17. What race do you consider yourself?

- ☒ White
☐ Black
☐ American Indian, Eskimo or Aleut, Asian or Pacific Islander
☐ Other (specify: _____)
☐ Unknown.

18. Are you of hispanic origin?

- ☒ No
☐ Yes

CARGO WEIGHT AND MILEAGE

13. Was there any cargo in your vehicle?

- ☒ No (If "No", go to question 14)
☐ Yes (If "Yes", go to question 13a)
☐ Unknown

13a. Can you estimate the weight of the cargo?

_____ lbs.

Cargo description

14. Can you tell me the mileage on the vehicle?

_____ miles

1. Primary Sampling Unit Number _____ 3. Vehicle Number 01
 2. Case Number - Stratum DSF-94-SP007 4. Occupant Number 01

VEHICLE ROLLOVER/FIRE QUESTIONS

ROLLOVER QUESTIONS

FIRE QUESTIONS

1. Did the vehicle rollover during the accident?

☒ No (If "No", go to question 2.)

☐ Yes

☐ Unknown (skip to question 2)

1a. Describe where the rollover began.

☐ On roadway

☐ On shoulder

☐ On roadside or median

☐ Unknown

1b. What caused the vehicle to rollover?

☐ Other vehicle (specify vehicle number): _____

☐ Contacted object (specify): _____

☐ Other cause (specify): _____

☐ Unknown

1c. Describe which direction the vehicle rolled.

☐ Toward the right

☐ Toward the left

☐ End-over-end

☐ Unknown

1d. Estimate the number of sides (including the top and bottom) which contacted the ground during the rollover?

☐ 1 side

☐ 2 sides

☐ 3 sides

☐ 4 sides

☐ Unknown

1e. Did the vehicle roll over more than one complete turn (more than 4 sides)?

☐ No (If "No", go to question 1g.)

☐ Yes

1f. Estimate the number of complete turns.

☐ No

☐ Yes (specify): _____

☐ Unknown

1g. When the vehicle stopped rolling over, which side of the vehicle was in contact with the ground?

☐ Left side

☐ Right side

☐ Top

☐ Wheels

☐ Unknown

2. Did the vehicle experience a fire?

☒ No (If "No", skip to Occupant Data Questions)

☐ Yes

☐ Unknown

2a. Describe where the fire started or where smoke was first seen.

☐ Under the hood

☐ Behind the instrument panel

☐ In the passenger compartment

☐ In the trunk/cargo area

☐ Under the vehicle

☐ From other involved vehicle

☐ Unknown

2b. Did the fire start with the electrical system?

☐ No

☐ Yes (specify): _____

☐ Unknown

2c. Did the fire start with the fuel system?

☐ No (If "No", skip to Occupant Data Questions)

☐ Yes (go to question 2d)

☐ Unknown

2d. Describe which part of the fuel system that may have been involved?

☐ No

☐ Yes (specify): _____

_____ Fuel tank

_____ Fuel lines

_____ Engine compartment (specify component if known)

☐ Unknown

(Go To Occupant Data Questions)

COMMENTS ON ROLLOVERS AND FIRES

1. Primary Sampling Unit Number _____ 3. Vehicle Number 01
 2. Case Number - Stratum 1SE-24-SP-007 4. Occupant Number 01

OCCUPANT DATA QUESTIONS

1. Was there anyone else in your vehicle at the time of the accident?
☒ No (If "No", go to question 4)
☐ Yes (If "Yes", specify number in question 2 below and then go to question 3)
☐ Unknown

2. How many?
 [1] One other person
 [2] Two other persons
 [3] Three other persons
 [4] Four other persons
 [5] Five other persons
 [6] Six other persons
 [7] Seven or more other persons
 (specify number:)

3. Where was this person sitting? (Circle seating positions)

[12] [13]
 [21] [22] [23]
 [31] [32] [33]
☐ Other (specify:)

OCCUPANT CHARACTERISTICS

4. Can I have your (his/her) height, weight, age, and sex?

Height 5'11" Weight 190 Age 24
 Sex: ☒ Male ☐ Female

OCCUPANT POSTURE

5. Can you tell me how you (he/she was) were sitting in your vehicle?

I DON'T REMEMBER

- 5a. Can you describe the location of your (his/her) feet just prior to the collision?

NOT REALLY

- 5b. Can you describe the location of your (his/her) arms?

NO

- 5c. Was your (his/her) back resting against the seat back rest?
☐ No (If "No", describe the position)

☐ Yes
☒ Unknown

- 5d. Were you (Was he/she)

☐ Sitting upright or
☐ Leaning to left side, or
☐ Leaning to right side?

I don't remember.

OCCUPANT EJECTION

6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?

☐ No (If "No", go to question 7)
☒ Yes (If "Yes", go to question 6a)
☐ Unknown

- 6a. Can you remember out of what area of the vehicle you were (he/she was) thrown?

☒ No
☐ Yes (Describe:)

OCCUPANT RESTRAINT

7. Were you (Was he/she) wearing a seat belt just before the accident?

☐ No (If "No", go to question 8)
☒ Yes
☐ Unknown

- 7a. Were you (Was he/she) wearing the

☐ Lap belt?
☒ Lap and Shoulder belt?
☐ Shoulder belt?

- 7b. Can you describe how you were (he/she was) wearing the lap belt?

☐ Across the stomach
☒ Low on lap
☐ Other (specify:)
☐ Unknown

- 7c. Can you describe how you were (he/she was) wearing the shoulder belt?

☒ Over the shoulder
☐ Under the arm
☐ Behind the back
☐ Behind the seat
☐ Other (specify:)

- 7d. Did any part of the belt system break or tear?

☐ No
☐ Yes (If "Yes", describe)
☒ Unknown

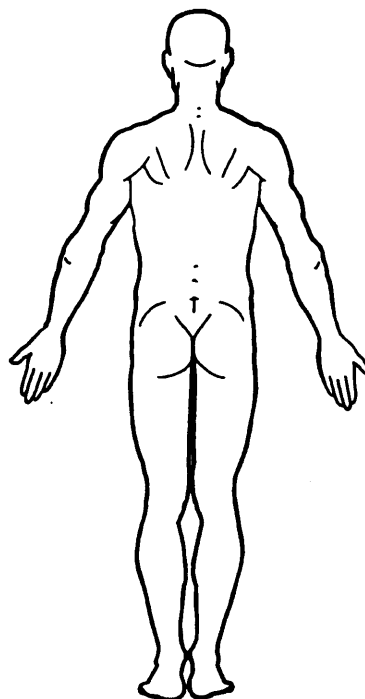
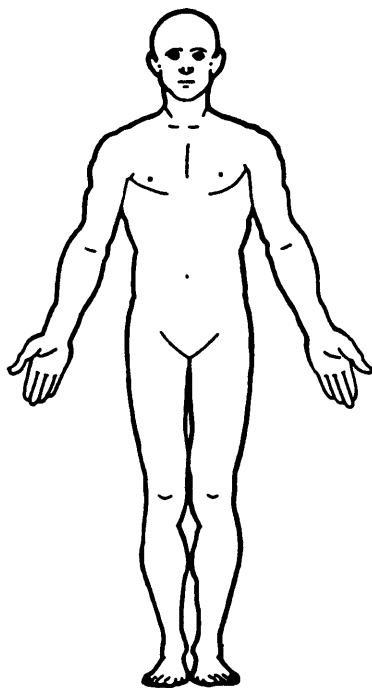
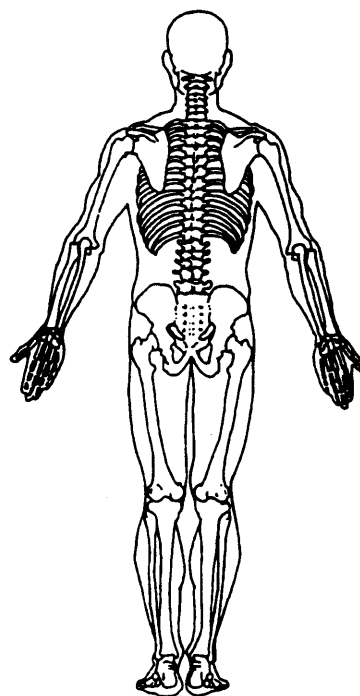
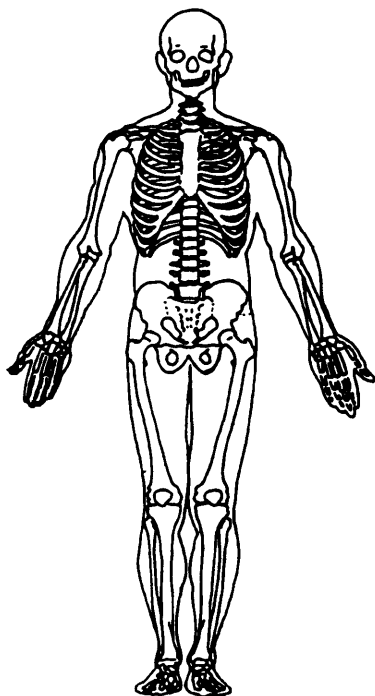
OCCUPANT ENTRAPMENT

8. Were you (Was he/she) trapped in the vehicle?

☒ No
☐ Yes (If "Yes", describe)

☐ Unknown

PSU Number ____ Case Number—Stratum ____ Vehicle Number ____ Occupant Number ____

INJURY DATA FROM INTERVIEWEE(S)Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

1. Primary Sampling Unit Number

3. Vehicle Number

01

2. Case Number - Stratum

DSI-94-SP007

4. Occupant Number

01

OCCUPANT INJURY DATA QUESTIONS

1. Were you (Was he/she) injured?

☐ No (If "No", skip to question 7)☒ Yes (If "Yes", complete Occupant Injury Questions)☐ Unknown

2. Did you (he/she) receive any cuts, abrasions, or bruises?

☐ No (go to question 3)☒ Yes (If "Yes", record the exact location(s) and size on the manikin(s).)☐ Unknown

2a. Do you know what caused your (his/her) injury(s)?

☒ No☐ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)☐ Unknown

3. Did you (he/she) experience any broken bones?

☐ No (If "No", go to question 4)☒ Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)☐ Unknown

3a. Do you know what caused the injury(s)?

☒ No☐ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)☐ Unknown

4. Did you (he/she) injure your (his/her) head? (skull/brain?)

☒ No (If "No", go to question 5)☐ Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)☐ Unknown

4a. Do you know what caused the injury(s)?

☐ No☐ Yes (If "Yes", specify the component(s) on the manikin(s).)☐ Unknown

5. Were any of your (his/her) internal organs injured?

☐ No (If "No", go to question 6)☒ Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)☐ Unknown

5a. Do you know what caused this injury?

☒ No☐ Yes (If "Yes", specify the component(s) on the manikin(s).)☐ Unknown

6. Did you (he/she) suffer any joint sprains or muscle strains?

☒ No (If "No", go to question 7)☐ Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)☐ Unknown

6a. Do you know what caused the injury(s)?

☐ No☐ Yes (If "Yes", specify the component(s) on the manikin(s).)☐ Unknown

7. Did you (he/she) receive any treatment?

☐ No (If "No", go to question 8)☒ Yes (If "Yes", go to question 7a or return to question 2.)

7a. Were you (Was he/she) treated by (check all that apply):

☒ Hospital/trauma center? (specify hospital name):☐ Medical clinic☐ Out patient surgery? (specify medical facility):☐ Paramedics or first aid at the scene?☐ A doctor in his/her office?☐ Treated at home?☐ None of the above, go to question 8.

7b. Were you (Was he/she) treated and released from the emergency room?

☒ No (If "No", go to question 7c.)☐ Yes (If "Yes", go to question 7e.)

7c. Were you (Was he/she) hospitalized?

☐ No (If "No", give an explanation)☒ Yes (If "Yes", go to question 7d.)

7d. How many days were you (was he/she) in the hospital?

1 STILL AM days

1. Primary Sampling Unit Number

3. Vehicle Number

0 1

2. Case Number - Stratum

DSI-94-SP-007

4. Occupant Number

0 1

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

7e. Have you (Has he/she) received any follow-up treatment?

☐ No☒ Yes (If "Yes", describe:)Physical therapy☐ Unknown

8. Have you (he/she) lost any days from work or school (college)?

☐ No☒ Yes (If "Yes", determine the number of days lost)
(Specify: IM STILL OFF)☐ Not working prior to the accident☐ Unknown

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?

☒ No☐ Yes (If "Yes", mail or present the form for signature.)

REPORT NO.	1	PAGE OF	1	ACCIDENT DATE	Aug 23, 1985	ACCIDENT TIME	5	REMARK TYPE	6	RESEARCH	7	LOCAL CASE NUMBER	8	LOCAL CODES	9	PHOTOS	10																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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RD DIV	37	ACCIDENT DIAGRAM	38	Show & Label: Roads, Traffic Units, the Travel Direction consistent with the Log Mile Reference Manual, and Movement of Traffic Units.	39	NORTH	40	DESCRIBE ACCIDENT briefly: identify units by numbers. Also identify the following a) the OBJECT DAMAGED & NATURE OF DAMAGE (Property other than vehicles) and b) the NAME & ADDRESS OF OWNER when applicable.	41	Operator of Veh #1, proceeding east-bound on Rd. at a speed of 91 mph in a 35 mph zone (as indicated by Police vehicle radar); apparently lost control of the vehicle. Veh #1 traveled across the roadway to the north roadside, rotating counter clockwise, where it struck 3 trees, severely impacting on the shield cove. The driver fell out of the vehicle when the left door opened.	42	UNIT #	43	NAME (First, Middle, Last)	44	SEX	45	UNIT #	46	NAME (First, Middle, Last)	47	SEX	48	UNIT #	49	NAME (First, Middle, Last)	50	SEX	51																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
TYPE OF UNIT	52	ADDRESS (No., Street, City, State, Zip)	53	TEL	54	Work	55	Res	56	INITIALS	57	ADDRESS (No., Street, City, State, Zip)	58	TEL	59	Work	60	Res	61	INITIALS	62	ADDRESS (No., Street, City, State, Zip)	63	TEL	64	Work	65	Res	66	INITIALS	67	ADDRESS (No., Street, City, State, Zip)	68	TEL	69	Work	70	Res	71	INITIALS	72	ADDRESS (No., Street, City, State, Zip)	73	TEL	74	Work	75	Res	76	INITIALS	77	ADDRESS (No., Street, City, State, Zip)	78	TEL	79	Work	80	Res	81	INITIALS	82	ADDRESS (No., Street, City, State, Zip)	83	TEL	84	Work	85	Res	86	INITIALS	87	ADDRESS (No., Street, City, State, Zip)	88	TEL	89	Work	90	Res	91	INITIALS	92	ADDRESS (No., Street, City, State, Zip)	93	TEL	94	Work	95	Res	96	INITIALS	97	ADDRESS (No., Street, City, State, Zip)	98	TEL	99	Work	100	Res	101	INITIALS	102	ADDRESS (No., Street, City, State, Zip)	103	TEL	104	Work	105	Res	106	INITIALS	107	ADDRESS (No., Street, City, State, Zip)	108	TEL	109	Work	110	Res	111	INITIALS	112	ADDRESS (No., Street, City, State, Zip)	113	TEL	114	Work	115	Res	116	INITIALS	117	ADDRESS (No., Street, City, State, Zip)	118	TEL	119	Work	120	Res	121	INITIALS	122	ADDRESS (No., Street, City, State, Zip)	123	TEL	124	Work	125	Res	126	INITIALS	127	ADDRESS (No., Street, City, State, Zip)	128	TEL	129	Work	130	Res	131	INITIALS	132	ADDRESS (No., Street, City, State, Zip)	133	TEL	134	Work	135	Res	136	INITIALS	137	ADDRESS (No., Street, City, State, Zip)	138	TEL	139	Work	140	Res	141	INITIALS	142	ADDRESS (No., Street, City, State, Zip)	143	TEL	144	Work	145	Res	146	INITIALS	147	ADDRESS (No., Street, City, State, Zip)	148	TEL	149	Work	150	Res	151	INITIALS	152	ADDRESS (No., Street, City, State, Zip)	153	TEL	154	Work	155	Res	156	INITIALS	157	ADDRESS (No., Street, City, State, Zip)	158	TEL	159	Work	160	Res	161	INITIALS	162	ADDRESS (No., Street, City, State, Zip)	163	TEL	164	Work	165	Res	166	INITIALS	167	ADDRESS (No., Street, City, State, Zip)	168	TEL	169	Work	170	Res	171	INITIALS	172	ADDRESS (No., Street, City, State, Zip)	173	TEL	174	Work	175	Res	176	INITIALS	177	ADDRESS (No., Street, City, State, Zip)	178	TEL	179	Work	180	Res	181	INITIALS	182	ADDRESS (No., Street, City, State, Zip)	183	TEL	184	Work	185	Res	186	INITIALS	187	ADDRESS (No., Street, City, State, Zip)	188	TEL	189	Work	190	Res	191	INITIALS	192	ADDRESS (No., Street, City, State, Zip)	193	TEL	194	Work	195	Res	196	INITIALS	197	ADDRESS (No., Street, City, State, Zip)	198	TEL	199	Work	200	Res	201	INITIALS	202	ADDRESS (No., Street, City, State, Zip)	203	TEL	204	Work	205	Res	206	INITIALS	207	ADDRESS (No., Street, City, State, Zip)	208	TEL	209	Work	210	Res	211	INITIALS	212	ADDRESS (No., Street, City, State, Zip)	213	TEL	214	Work	215	Res	216	INITIALS	217	ADDRESS (No., Street, City, State, Zip)	218	TEL	219	Work	220	Res	221	INITIALS	222	ADDRESS (No., Street, City, State, Zip)	223	TEL	224	Work	225	Res	226	INITIALS	227	ADDRESS (No., Street, City, State, Zip)	228	TEL	229	Work	230	Res	231	INITIALS	232	ADDRESS (No., Street, City, State, 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Zip)	353	TEL	354	Work	355	Res	356	INITIALS	357	ADDRESS (No., Street, City, State, Zip)	358	TEL	359	Work	360	Res	361	INITIALS	362	ADDRESS (No., Street, City, State, Zip)	363	TEL	364	Work	365	Res	366	INITIALS	367	ADDRESS (No., Street, City, State, Zip)	368	TEL	369	Work	370	Res	371	INITIALS	372	ADDRESS (No., Street, City, State, Zip)	373	TEL	374	Work	375	Res	376	INITIALS	377	ADDRESS (No., Street, City, State, Zip)	378	TEL	379	Work	380	Res	381	INITIALS	382	ADDRESS (No., Street, City, State, Zip)	383	TEL	384	Work	385	Res	386	INITIALS	387	ADDRESS (No., Street, City, State, Zip)	388	TEL	389	Work	390	Res	391	INITIALS	392	ADDRESS (No., Street, City, State, Zip)	393	TEL	394	Work	395	Res	396	INITIALS	397	ADDRESS (No., Street, City, State, Zip)	398	TEL	399	Work	400	Res	401	INITIALS	402	ADDRESS (No., Street, City, State, Zip)	403	TEL	404	Work	405	Res	406	INITIALS	407	ADDRESS (No., Street, City, State, Zip)	408	TEL	409	Work	410	Res	411	INITIALS	412	ADDRESS (No., Street, City, State, 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Zip)	473	TEL	474	Work	475	Res	476	INITIALS	477	ADDRESS (No., Street, City, State, Zip)	478	TEL	479	Work	480	Res	481	INITIALS	482	ADDRESS (No., Street, City, State, Zip)	483	TEL	484	Work	485	Res	486	INITIALS	487	ADDRESS (No., Street, City, State, Zip)	488	TEL	489	Work	490	Res	491	INITIALS	492	ADDRESS (No., Street, City, State, Zip)	493	TEL	494	Work	495	Res	496	INITIALS	497	ADDRESS (No., Street, City, State, Zip)	498	TEL	499	Work	500	Res	501	INITIALS	502	ADDRESS (No., Street, City, State, Zip)	503	TEL	504	Work	505	Res	506	INITIALS	507	ADDRESS (No., Street, City, State, Zip)	508	TEL	509	Work	510	Res	511	INITIALS	512	ADDRESS (No., Street, City, State, Zip)	513	TEL	514	Work	515	Res	516	INITIALS	517	ADDRESS (No., Street, City, State, Zip)	518	TEL	519	Work	520	Res	521	INITIALS	522	ADDRESS (No., Street, City, State, Zip)	523	TEL	524	Work	525	Res	526	INITIALS	527	ADDRESS (No., Street, City, State, Zip)	528	TEL	529	Work	530	Res	531	INITIALS	532	ADDRESS (No., Street, City, State, 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Zip)	593	TEL	594	Work	595	Res	596	INITIALS	597	ADDRESS (No., Street, City, State, Zip)	598	TEL	599	Work	600	Res	601	INITIALS	602	ADDRESS (No., Street, City, State, Zip)	603	TEL	604	Work	605	Res	606	INITIALS	607	ADDRESS (No., Street, City, State, Zip)	608	TEL	609	Work	610	Res	611	INITIALS	612	ADDRESS (No., Street, City, State, Zip)	613	TEL	614	Work	615	Res	616	INITIALS	617	ADDRESS (No., Street, City, State, Zip)	618	TEL	619	Work	620	Res	621	INITIALS	622	ADDRESS (No., Street, City, State, Zip)	623	TEL	624	Work	625	Res	626	INITIALS	627	ADDRESS (No., Street, City, State, Zip)	628	TEL	629	Work	630	Res	631	INITIALS	632	ADDRESS (No., Street, City, State, Zip)	633	TEL	634	Work	635	Res	636	INITIALS	637	ADDRESS (No., Street, City, State, Zip)	638	TEL	639	Work	640	Res	641	INITIALS	642	ADDRESS (No., Street, City, State, Zip)	643	TEL	644	Work	645	Res	646	INITIALS	647	ADDRESS (No., Street, City, State, Zip)	648	TEL	649	Work	650	Res	651	INITIALS	652	ADDRESS (No., Street, City, State, Zip)	653	TEL	654	Work	655	Res	656	INITIALS	657	ADDRESS (No., Street, City, State, Zip)	658	TEL	659	Work	660	Res	661	INITIALS	662	ADDRESS (No., Street, City, State, Zip)	663	TEL	664	Work	665	Res	666	INITIALS	667	ADDRESS (No., Street, City, State, Zip)	668	TEL	669	Work	670	Res	671	INITIALS	672	ADDRESS (No., Street, City, State, Zip)	673	TEL	674	Work	675	Res	676	INITIALS	677	ADDRESS (No., Street, City, State, Zip)	678	TEL	679	Work	680	Res	681	INITIALS	682	ADDRESS (No., Street, City, State, Zip)	683	TEL	684	Work	685	Res	686	INITIALS	687	ADDRESS (No., Street, City, State, Zip)	688	TEL	689	Work	690	Res	691	INITIALS	692	ADDRESS (No., Street, City, State, Zip)	693	TEL	694	Work	695	Res	696	INITIALS	697	ADDRESS (No., Street, City, State, Zip)	698	TEL	699	Work	700	Res	701	INITIALS	702	ADDRESS (No., Street, City, State, Zip)	703	TEL	704	Work	705	Res	706	INITIALS	707	ADDRESS (No., Street, City, State, Zip)	708	TEL	709	Work	710	Res	711	INITIALS	712	ADDRESS (No., Street, City, State, Zip)	713	TEL	714	Work	715	Res	716	INITIALS	717	ADDRESS (No., Street, City, State, Zip)	718	TEL	719	Work	720	Res	721	INITIALS	722	ADDRESS (No., Street, City, State, Zip)	723	TEL	724	Work	725	Res	726	INITIALS	727	ADDRESS (No., Street, City, State, Zip)	728	TEL	729	Work	730	Res	731	INITIALS	732	ADDRESS (No., Street, City, State, Zip)	733	TEL	734	Work	735	Res	736	INITIALS	737	ADDRESS (No., Street, City, State, Zip)	738	TEL	739	Work	740	Res	741	INITIALS	742	ADDRESS (No., Street, City, State, Zip)	743	TEL	744	Work	745	Res	746

BEST AVAILABLE

REPORT NO.		PAGE	ACCIDENT DATE	ACCIDENT TIME	REMARKS TYPE <input type="checkbox"/> FATAL <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> PDO <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-TRAFFIC	5	RESEARCH	6	LOCAL CASE NUMBER	7	LOCAL CODES	8	PHOTOGRAPH
INVESTIGATING OFFICER ID		10	AGENCY AND AREA	11	SUPERVISING OFFICER ID	12	REVIEWER ID	13	CODE - AND - NAME OF MUNICIPALITY		14	COUNTY	
RD CHAR	RTE NUM Accident Occurred On	17	ROAD NAME		18	IN LANE	TRAF SIG	ON RAMP	Ramp Number (Directions)		19	IN INTERSECTION	20
RD COND	INT-RTE	25	INTERSECTING ROAD NAME or Log Mile Reference Manual description.		26	MILEPT	27	DIR	Dist. of Acc if INT-RTE/Ref. A Dir.		28	FI	29
RD DIV	ACCIDENT DIAGRAM	Show & Label: Roads, Traffic Units, the Travel Direction consistent with the Log Mile Reference Manual, and Movement of Traffic Units.		31	NORTH:	DESCRIBE ACCIDENT briefly: identify units by numbers. Also identify the following: a) the OBJECT DAMAGED & NATURE OF DAMAGE (Property other than vehicle); b) the NAME & ADDRESS OF OWNER when applicable.				33			
SPE COND	LAM ZONE	NO	YES	JUNCTN	EVENT-1	EVENT-2	FIX OBJ	COLL TY	LIGHT	WEATHER			
UNIT #	NAME (First, Middle, Last)	44	SEX	45	UNIT #	NAME (First, Middle, Last)	46	SEX	47	INJ	48	EMS	49
TYPE OF UNIT	ADDRESS (No., Street, City, State, Zip)	47	TEL	Work	Res	48	INJ	49	EMS	50			
MOVEMENT	CONDITN	SUBST	TEST	RESULT	FOR PEDS ONLY	AGE	SS	TYPE	LOCATN	OBEY	VISIBL	59	
SPEED LIMIT	SAF. EQU	EQ PROB	EJECT	CITATION NUMBER(S)	64	FAULT	NO	65	YES	SPEED LIMIT	60	SAF. EQU	61
GOING	DRIVER'S LICENSE NUMBER	67	STATE	CLASS	68	GOING	DRIVER'S LICENSE NUMBER	69	STATE	CLASS	70	GOING	71
CONTINU	DR DATE OF BIRTH	71	IRREGULAR CONDITION	72	HIM SPILL	73	HAZ MAT NUMBER	74	CONTINU	DR DATE OF BIRTH	75	IRREGULAR CONDITION	76
BODY TY	COMMER. VEHICLE ONLY	U. S. DOT NUMBER	76	KCC NUMBER	77	BODY TY	COLI	78	YES	BODY TY	COMMER. VEHICLE ONLY	U. S. DOT NUMBER	79
MOST HE	OWNER OR CARRIER NAME (Write "SAME" if Driver)	81	TEL	Work	Res	MOST HE	OWNER OR CARRIER NAME (Write "SAME" if Driver)	82	TEL	Work	Res	MOST HE	83
CONTRIB CIRCUMSTANCES	OWNER/CARRIER ADDRESS	83	TOWED VEH (S)	84	CONTRIB CIRCUMSTANCES	85	TOWED VEH (S)	86	CONTRIB CIRCUMSTANCES	87	TOWED VEH (S)	88	89
YEAR & MAKE OF VEHICLE	MODEL	85	1st IMPACT PT.	87	MAIN IMPACT	88	YEAR & MAKE OF VEHICLE	MODEL	89	1st IMPACT PT.	91	MAIN IMPACT	92
EXP YR & REGISTR # STATE	AREAS DAMAGED	INSURER	91	EXP YR & REGISTR # STATE	AREAS DAMAGED	INSURER	92	EXP YR & REGISTR # STATE	AREAS DAMAGED	INSURER	93	EXP YR & REGISTR # STATE	94
VEHICLE ID NUMBER	POLICY NUMBER	93	DAM EXT	95	VEHICLE ID NUMBER	POLICY NUMBER	96	DAM EXT	97	VEHICLE ID NUMBER	POLICY NUMBER	98	99
TRAFFIC UNIT #	SEATING POSITION	CODE all injured & uninjured PASSENGERS below. Use "W" for witness in TRAF UNIT and SEAT columns. WRITE NAME & ADDRESS of Injured Passengers and Witnesses.	Witness telephone #.		SEX	AGE	SAFETY EQUIP	EQUIP PROB.	INJUR SEVER	EIECTION	EMT UNIT		
97	98		99	100	101	102	103	104	105	106			
E UNIT		INITIAL TAKEN BY:	INITIAL TAKEN TO:	EMT RUN REPORT #	E UNIT	INITIAL TAKEN BY:	INITIAL TAKEN TO:	EMT RUN REPORT #					